

CALIFORNIA AND WESTERN MEDICINE

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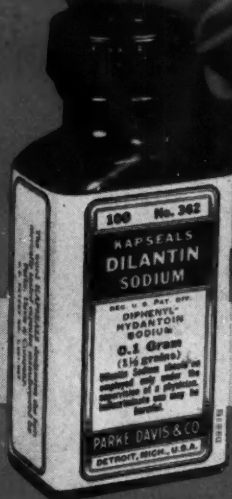
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ONE

OUT OF EVERY 200 PERSONS
is an epileptic. Economic
loss, measured in money, is
tremendous — amounting
to \$60,000,000 annually.



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MICHIGAN**

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Part I

Annual Session Program

Seventy-fifth Annual Session
Los Angeles, California, May 7-10, 1946

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**SALUTATION
FROM PRESIDENT GILMAN**

*To Members of the California
Medical Association—*

Greetings:

The 75th annual session of the California Medical Association should stress at least two outstanding events. The first of these is the cessation of hostilities of the second world war, the other the temporary winning of freedom for our profession from government control.



PHILIP K. GILMAN
*President, California Medical Association
1946*

Special greetings go to the Members of our Association who have so ably served their country in the armed forces. You have sacrificed much and as you lay aside your uniforms you may have the deep and lasting feeling of satisfaction that comes from the consciousness of a job well done.

From private practice to that in the Army and Navy was a difficult adjustment to many if not most of you. The readjustment to civilian surroundings again has been and will be at least as difficult, if not more so for some. With the understanding assistance of your colleagues this transition may well be smoothed and expedited.

To those of you who have borne the heavy burden at home, also well done. You have never faltered in carrying the extra load and have thereby established a record of which we may well be proud.

Our temporary victory to retain in our own hands the method and means of medical care shall not blind us to the fact that the availability of medical care is not sufficiently widespread and complete. Shall government remedy this situation or shall we?

Today we are at the crossroads. We must select the manner in which we believe medicine and surgery should be practiced, and fight for the preservation of that system.

A firmly united profession will enable your officers to follow out the course set down by the House of Delegates. Without such backing your officers will, in spite of the most valiant efforts, of necessity fail.

Fraternally yours,

P. K. GILMAN,

President.



SAM J. McCLEENDON
President-Elect



E. VINCENT ASKEY
Speaker of the House of
Delegates



JAMES C. McCANN, Guest Speaker
President, Massachusetts Medical Service,
Worcester



GEORGE T. PACK, Guest Speaker
Assistant Professor of Clinical Surgery,
Cornell University Medical College, N. Y.



ALLAN T. KENYON, Guest Speaker
Assistant Professor of Medicine, School of Medi-
cine, University of Chicago, Chicago

SECTION OFFICERS



SALVATORE P. LUCIA
Chairman, General Medicine



WILLIAM P. KROGER
Chairman, General Surgery



DANIEL G. MORTON
Chairman, Obstetrics and Gynecology



FRANCIS L. CHAMBERLAIN
Secretary, General Medicine



EUGENE J. JOERGENSEN
Secretary, General Surgery



T. FLOYD BELL
Secretary, Obstetrics and Gynecology



JOHN E. KIRKPATRICK
Chairman, Industrial Medicine and
Surgery



KEENE O. HALDEMAN
Secretary, Industrial Medicine and
Surgery



HERBERT E. CHAMBERLAIN
Chairman, Neuropsychiatry

SECTION OFFICERS



ARTHUR R. TIMME
Secretary, Neuropsychiatry



DUDLEY P. FAGERSTROM
Chairman, Urology



FRANKLIN FARMAN
Secretary, Urology



CHARLES W. LEACH
Chairman, Pediatrics



CHESTER I. MEAD
Secretary, Pediatrics



JAMES B. IRWIN
Chairman, Radiology



GORDON KING
Secretary, Radiology



LEWIS F. MORRISON
Chairman, Eye, Ear, Nose and Throat



PIERRE VIOLE

Secretary, Eye, Ear, Nose and Throat

SECTION OFFICERS



R. H. OSBORNE
Chairman, Pathology and
Bacteriology



JOHN J. VAN THORNE
Secretary, Pathology and
Bacteriology



CHARLES J. BETLACH
Chairman, Anesthesiology



JOHN A. STILES
Secretary, Anesthesiology



CLEMENT E. COUNTER
Chairman, Dermatology and
Syphilology



ARTHUR FLETCHER HALL
Secretary, Dermatology and
Syphilology



GEORGE M. UHL
Chairman, Public Health



L. A. ALESEN
Vice-Speaker of the House of
Delegates



JOHN J. SIPPY
Secretary, Public Health

Part I

PROGRAM

SEVENTY-FIFTH ANNUAL SESSION of the CALIFORNIA MEDICAL ASSOCIATION

TO BE HELD AT

THE BILTMORE HOTEL, LOS ANGELES

MAY 7-10, 1946

OFFICERS AND COMMITTEES, 1946

GENERAL OFFICERS*

PHILIP K. GILMAN, San Francisco, President
 SAM J. McCLENDON, San Diego, President-Elect
 E. VINCENT ASKEY, Los Angeles, Speaker of House of Delegates
 L. A. ALESEN, Los Angeles, Vice-Speaker of House of Delegates
 PHILIP K. GILMAN, San Francisco, Chairman of Council
 GEORGE H. KRESS, San Francisco, Secretary-Editor
 JOHN HUNTON, San Francisco, Executive Secretary
 HARTLEY F. PEART, San Francisco, General Counsel

I

MEMBERS OF HOUSE OF DELEGATES — 43rd ANNUAL SESSION

TOTAL DELEGATES (200) DELEGATES EX OFFICIO (20)

Philip K. Gilman, San Francisco.....President
 Sam J. McClendon, San Diego.....President-Elect
 E. Vincent Askey, Los Angeles.....Speaker of House of Delegates
 L. A. Alesen, Los Angeles.....Vice-Speaker of House of Delegates
 George H. Kress, San Francisco.....Secretary-Treasurer-Editor
 Herbert A. Johnston, Anaheim (1947).....Councilor 1st District
 Jay J. Crane, Los Angeles (1948).....Councilor 2nd District
 Harry E. Henderson, Santa Barbara (1946).....Councilor 3rd District
 Axel E. Anderson, Fresno (1947).....Councilor 4th District
 R. Stanley Kneeshaw, San Jose (1948).....Councilor 5th District
 John W. Cline, San Francisco (1946).....Councilor 6th District
 Lloyd E. Kindall, Oakland (1947).....Councilor 7th District
 Frank A. MacDonald, Sacramento (1948).....Councilor 8th District
 John W. Green, Vallejo (1946).....Council 9th District
 Walter S. Cherry, Rialto (1948).....Councilor-at-Large
 Edwin L. Bruck, San Francisco (1948).....Councilor-at-Large
 Shipney J. Shipman, San Francisco (1947).....Councilor-at-Large
 E. Earl Moody, Los Angeles (1947).....Councilor-at-Large
 Dewey R. Powell, Stockton (1946).....Councilor-at-Large
 Edward B. Dewey, Pasadena (1946).....Councilor-at-Large

ELECTED DELEGATES (180) Alameda County (14)

<i>Delegates</i>	<i>Alternates</i>
Warren B. Allen	S. H. Babington
Cyril J. Attwood	A. L. Gleason
Phillip J. Dick	John L. Gompertz
William G. Donald	J. B. Graeser
Edward N. Ewer	T. O. Lake
Lester Lawrence	W. K. Lamb
T. C. Lawson	George McClure
Donald D. Lum	Paul P. Michael
Charles J. Lunsford	Roy Nelson
H. Gordon MacLean	George Nesche
Ergo A. Majors	Paul C. Samson
Albert M. Meads	Harold R. Smithies
Ernest W. Page	Maxwell Thebaut
Stanley R. Truman	

Hollis L. Carey	Butte-Glenn County (1) Lloyd R. Henning
Kaho Daily	Contra Costa County (2) L. H. Fraser Solomon N. Well
Harry G. Ford	Fresno County (4) J. M. Arthur O. B. Doyle L. R. Nielson Smith Quimby

Nathan Wasserman	Humboldt County (1) O. R. Myers
Charles M. Cutshaw	Imperial County (1) George M. Cole
Lloyd Bambauer	Inyo-Mono County (1) George Shultz

* For Rosters of Councilors, Standing and Special Committees, and Officers of Component County Medical Societies, see in this issue, on advertising pages 2, 4 and 6. Full roster is omitted here, due to lack of space.

Delegates

Alternates

Kern County (2)

Sophie L. Goldman
Juliet Thorner

Dee Abbott
William H. Moore

Kings County (1)

Lionel Sorenson

W. A. Johnstone

Lassen-Plumas-Modoc County (1)

W. B. McKnight

F. J. Davis, Jr.

Los Angeles County (66)

Elliot Alden
C. Max Anderson
Wilbur Bailey
A. Elmer Belt
Robert L. Belt
Clarence J. Berne
Peter Blong
Lewis P. Bolander
Howard W. Bosworth
Richard O. Bullis
George W. Caldwell
John A. Chapman
Donald A. Charnock
John C. Cottrell
Lyle G. Craig
Lawrence L. Craven
Leonard E. Croft
John W. Crossan
Harold E. Crowe
Philip J. Cunnane
J. M. De Los Reyes
James C. Doyle
B. R. Dysart
Ralph B. Eusden
Franklin Farman
Alvin G. Foord
Paul D. Foster
Benjamin Frees
Frederick G. Gruber
Channing W. Hale
Herman S. Hendrickson
Alfred G. Henrich
Lawrence M. Hill
Eugene F. Hoffman
Morrill L. Hsley
Joel S. Kelsey, Jr.
John A. Keys
S. G. Kreinman
H. Clifford Loos
Harold K. Marshall
Thomas R. Martin
Angus C. McDonald
Paul E. McMaster
William R. Molony, Jr.
Clarence M. Movius
Ernest I. Mulder
Carl L. Mulfinger
George F. Paap
Edward C. Pallette
F. M. Pottenger, Jr.
William F. Quinn
Louis J. Regan
E. T. Remmen
Eric A. Royston
Edward S. Ruth
Roy E. Shipley
Ralph T. Smith
Phillip Stephens
William Benbow Thompson
Eldon W. Tice
J. N. Van Meter
George D. Wells
Walter Wessels
John W. Wilson
Harold R. Witherbee
John M. Wright

Francis L. Anton
Samuel K. Bacon
Conrad J. Baumgartner
Frederick A. Bennetts
Paul C. Blaisdell
Hans V. Briesen
William C. Bruff
Tenero D. Caruso
Rafe C. Chaffin
Finns Gaston Cooper
William E. Costolow
Roy A. Cummings
William H. Daniel
Robert C. Donham
George R. Dunlevy
Raoul Esnard
Ralph A. Ferguson
William M. Gibbs
Robert E. Grogan
Lawrence K. Gundrum
Paul M. Hamilton
A. M. Hansen
Vernon F. Hauser
J. L. Hawkins, Jr.
Charles M. Hayes
Sam S. Herzikoff
J. Severy Hibben
Malcolm R. Hill
Paula Horn
Howard P. House
Joseph E. Jensen
Clayton R. Johnson
William S. Kiskadden
Emma Kittredge
William F. Kroener
Donald E. Laing
Anton Laubersheimer
Ben D. Massey
Charles F. McCuskey
Robert J. Moes
Herbert S. Mooney
J. C. Negley
Thomas E. Noble
Frank W. Otto
John R. Palazzo
Ben K. Parks
Fenn E. Poole
Marcus H. Rabwin
Clinton A. Roath
John Brady Rogers
Carl F. Rusche
Eleanor Seymour
Leroy B. Sherry
Karl P. Stadlinger
Harvey E. Starr
William A. Swim
Raymond W. Swinney
Vernon P. Thompson
Frederick M. Turnbull
Marie A. Vachout
Pierre Viole
Robert A. Walker
Carrol L. Weeks
Harry J. Wiley
Ralph A. Woods
Angus Wright

Marin County (2)

Carl W. Clark
Harold A. Fletcher

Ernest W. Denicke
Lloyd G. Tyler

Mendocino-Lake County (1)

Lew Knapp Van Allen

Royal Scudder

Merced County (1)

F. O. Lien

E. R. Fountain

Monterey County (2)

Charles Galligan
Wiley Reeves

Harold Duey
W. Rollin Reeves

Napa County (1)

Dwight H. Murray

R. C. Burkett

Delegates

Alternates

Orange County (3)

John D. Ball
C. Glenn Curtis
M. W. Hollingsworth

L. J. Hannon
Ralph E. Hawes
Charles Irvin

Placer-Nevada-Sierra County (1)

William M. Miller

Max Dunievitz

Riverside County (2)

D. D. Roos
Omer W. Wheeler

Fred Clark
L. J. Clark

Sacramento County (4)

Herbert S. Burden
Orrin Cook
Maurice Hopkins
Dudley Saeltzer

Carl E. Burkland
Dave Dozier
John L. Fanning
Wayne Pollock

San Benito County (1)

Ernest Nelson Moore

Eberle C. Sheldon

San Bernardino County (4)

J. Needham Martin
Ray M. Moose
Robert C. Nichols
E. Wilton Thomas

John L. Nevin
Emmett L. Tisinger
Arthur E. Varden
Thomas I. Zirkle

San Diego County (8)

C. F. Birkenstock
E. A. Blondin
W. H. Geistweit, Jr.
George D. Huff
Fraser L. Macpherson
A. E. Moore
Bryant R. Simpson
John Thorpe Wells

E. G. Crabtree
O. S. Harbaugh
J. C. Holman
W. L. Martin
L. H. Redellings
W. Don Rolph
F. M. Smith
H. C. Torbert

San Francisco County (25)

William L. Bender
Howard A. Brown
Edmund Butler
Jesse L. Carr
L. R. Chandler
William C. Deamer
Martin W. Debenham
G. Dan Delprat
Roberto F. Escamilla
Frederick A. Fender
Frederick S. Foote
Kenneth D. Gardner
Leon Goldman
Allen T. Hinman
Nelson J. Howard
Alson R. Kilgore
John J. Loutzenheiser
Mary E. Mathes
Charles A. Noble, Jr.
J. Marlon Read
William L. Reilly
Daniel W. Sooy
H. Brodie Stephens
William M. Washburn
Dwight L. Wilbur

Walter Beekh
Donald A. Carson
Francis L. Chamberlain
Leonard G. Dobson
Henry L. Gardner
Frank L. A. Gerbode
W. Wallace Greene
Keene O. Haldeman
Clyde D. Horner
George S. Johnson
Frederick W. Kroll
Kenneth W. Leach
James Clifford Long
Salvatore P. Lucia
Clayton G. Lyon
Carleton Mathewson, Jr.
M. Laurence Montgomery
John M. Moore
Clayton D. Mote
Francis Rochec
William L. Rogers
Thomas L. Schulte
John F. Skelly
Donald R. Smith
Helen B. Weyrauch

San Joaquin County (3)

J. Frank Doughty
Raymond L. Owens
G. H. Sanderson

C. A. Broadus
Albert K. Merchant
C. M. Webster

San Luis Obispo County (1)

Edward C. Sherman, Jr.

Edward Blair

San Mateo County (3)

Logan Gray
A. G. Miller
J. Paul Sweeney

Carl Benninghoven
Hartzell Ray

Santa Barbara County (3)

Hugh F. Freidell
Charles A. Freuss
Alfred B. Wilcox

Harry C. DeVignne
Milton J. Geyman
C. W. Henderson

Santa Clara County (5)

C. Kelly Canelo
Dell T. Lundquist
Leslie B. Magoon
John Hunt Shephard

J. A. Cary
Burt Davis
Dudley Fagerstrom
Leon P. Fox
A. A. Shufelt

Santa Cruz County (1)

Ambrose A. Cowden

Ruth A. Frary

Delegates

J. M. Kehoe

J. B. McGuire

H. Randall Madeley
Felix R. Rossi, Jr.Kathleen G. Morris
Wilson StegemanJ. Azevedo
F. R. DeLappe

D. E. Thompson

George Kelper
Charles M. MathiasG. C. Coffey
F. A. Shore

John Homer Woolsey

Thomas F. Keyes

Alternates

Shasta County (1)

H. T. Hinman

Siskiyou County (1)

L. C. Dickinson

Solano County (2)

F. Burton Jones
Carlton C. Purviance

Sonoma County (2)

William N. Makaroff
Ernest Vieira

Stanislaus County (2)

Julian Edmond
E. R. McPheeters

Tehama County (1)

H. G. Frey

Tulare County (2)

Nari F. Weiss
Elmo Zumwalt

Ventura County (2)

A. B. Armitstead
C. G. Drace

Yolo County (1)

William J. Blevins, Jr.

Yuba-Sutter-Colusa County (1)

Leon Swift

HOUSE OF DELEGATES**MEETINGS****43rd ANNUAL SESSION**

Special Notice.—The House of Delegates will convene for organization, etc., in the Music Room of the Hotel Biltmore, on Tuesday afternoon, at 4:00 p.m., May 7, 1946. (Music Room is located to the right, on the East-West Galeria, just off the main elevators.)

Adjournment will probably be taken to meet again on Thursday afternoon, at 3:30 p.m., also in the Music Room.

Speaker, E. VINCENT ASKEY, Los Angeles

Vice-Speaker, L. A. ALESEN, Los Angeles

Secretary, GEORGE H. KRESS, San Francisco

AGENDA**FIRST MEETING**

Tuesday Afternoon, May 7, 1946, at 4:00 p.m.
Order of Business

1. Call to order.
2. Report of Committee on Credentials, and Organization of the House of Delegates.
Joseph M. DeLos Reyes, Chairman, Los Angeles;
George Huff, San Diego; V. G. Ghormley, Fresno.
3. Roll call.
4. Announcement and approval of Reference Committees.
(a) Committee on Credentials. (Delegates must register with the Committee.)
(b) Reference Committee on the Reports of Officers and Standing Committees (Reference Committee No. 1). Note. Will consider also: Reports of County Society Secretaries.
(c) Reference Committee on the Report of the Council and the Reports of the Secretary-Treasurer and Executive Secretary. (Reference Committee No. 2.)
(d) Reference Committee on Resolutions, Amendments to the Constitution and By-laws, and New and Miscellaneous Business. (Reference Committee No. 3.)
5. Address by President—Philip K. Gilman.
6. Miscellaneous announcements by the Speaker. (Stenographic service, to secure triplicate copies of resolutions, etc.)
7. Report of the Council—Philip K. Gilman, Chairman.
8. Report of the Trustees of the California Medical Association—Philip K. Gilman, President.
9. Report of the Auditing Committee—John W. Cline, Chairman.
10. Report of the Secretary—George H. Kress.
11. Report of the Executive Secretary—John Hunton.
12. Recess.—(Note. At time set (8:30 p.m., on Tuesday) the House of Delegates will recess. Elected and ex-officio members of the House will then convene under the chairmanship of the President of the Board of Trustees of California Physicians' Service, to function with Board of Administrative Members of California Physicians' Service. With the adjournment of the meeting of C.P.S. Administrative members, the C.M.A. House of Delegates will convene, to act again as the House of Delegates of the California Medical Association.)

HOUSE OF DELEGATES RECESS. MEETING OF ADMINISTRATIVE MEMBERS OF CALIFORNIA PHYSICIANS' SERVICE

1. Roll Call (8:30 p.m., on Tuesday).
2. Report of President—Dr. Lowell S. Goin.
3. Report of the Secretary—Dr. Chester L. Cooley.
4. C.P.S. Administration Business Report, by the Executive Director—Mr. W. W. Bowman.
5. Appointment of Nominating Committee for Trustees and Administrative Members at Large.
6. Introduction of Resolutions.
7. Recess—for twenty-four hours. (Time of reconvening will be stated.)
8. Consideration of the Report of the Nominating Committee.
9. Consideration of resolutions.
10. New business.
13. Report of the Editor—George H. Kress.
14. Reports of District Councilors.
15. Reports of Councilors-at-large.
16. Report of General Counsel—Hartley F. Peart.
17. Reports of Standing and Special Committees:

A. Standing Committees:

- (a) Executive Committee—John W. Cline.
- (b) Committee on Associated Societies and Technical Groups—John V. Barrow.
- (c) Committee on Audits—John W. Cline.
- (d) Committee on Health and Public Instruction—J. C. Gelger.
- (e) Committee on History and Obituaries—Morton R. Gibbons, Sr.
- (f) Committee on Hospitals, Dispensaries, and Clinics—Clarence E. Rees.
- (g) Committee on Industrial Practice—Donald Cass.
- (h) Committee on Medical Defense—Nelson J. Howard.
- (i) Committee on Medical Economics—H. Gordon MacLean.
- (j) Committee on Medical Education and Medical Institutions—B. O. Raulston.
- (k) Committee on Organization and Membership—Carl L. Mulfinger.
- (l) Committee on Postgraduate Activities—F. E. Clough.
- (m) Committee on Publications—George W. Walker.
- (n) Committee on Public Policy and Legislation—Dwight H. Murray.
- (o) Committee on Scientific Work (Annual Session)—George H. Kress.
- (p) Cancer Commission—Lyell C. Kinney.
- (q) Editorial Board—Albert J. Scholl.

B. Special Committees:

- (a) Committee on Prepaid Medical and Hospital Care—L. R. Chandler.
- (b) Committee on Postwar Planning—Harold A. Fletcher.
- (c) California Physicians' Service—Chester L. Cooley.
- (d) Delegates to the American Medical Association—Dwight H. Murray.
- (e) Physicians' Benevolence Committee—Axcel E. Anderson.
- (f) Committee on Participation of the Medical Profession in the War Effort: Procurement and Assignment Service—Harold A. Fletcher.
- (g) Advisory Planning Committee—John Hunton.
- (h) Committee on A.M.A. Session in San Francisco July 1-5, 1946—John W. Cline.
- (i) Committee on Local Arrangements—C.M.A. Annual Session, Los Angeles, May 7-10, 1946—E. T. Remmen.
- (j) Liaison Representative to California Veterans' Committee—Frank A. MacDonald.
- (k) Advisory Committee to the California Bureau of Vocational Rehabilitation—John W. Cline.
- (l) Committee on Maternity-Pediatric Plan of Federal Children's Bureau—Karl L. Schaupp.
- (m) Committee to Meet with Representative of Seventeen Midwestern States—Philip K. Gilman.
- (n) Committee on Adoption Laws—California State Department of Social Welfare—George H. Kress.
18. Old and Unfinished Business.
- (a) Constitutional Amendments.

SECOND MEETING

Thursday, May 9, at 3:30 p.m. In Music Room, off the East-West Galería

Order of Business

1. Call to order.
2. Supplemental Report of Credentials Committee.
3. Roll Call.
4. Secretary's announcement of Council's selection of place for the 1947 annual session.
5. Election of Officers:

- (a) *President-Elect.*
- (b) *Speaker.*
- (c) *Vice-Speaker.*
- (d) *District Councilors***

Third District—Harry E. Henderson, Santa Barbara (term expiring).

Third District—Inyo, Kern, Mono, San Luis Obispo, Santa Barbara and Ventura counties.

Sixth District—John W. Cline, San Francisco (term expiring).

Sixth District—San Francisco County.

Ninth District—John W. Green, Vallejo (term expiring).

Ninth District—Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma and Trinity counties.

(e) *Councilors-at-Large:*

(Note.—Each vacancy among Councilors-at-Large, Delegates and Alternates is considered in turn. Each vacancy is voted on separately.)
Dewey R. Powell, Stockton (term expiring).
Edward B. Dewey, Pasadena (term expiring).

(f) *Delegates to the American Medical Association:*

Delegates are elected for two calendar years. At this session of the C.M.A. House of Delegates, terms of Delegates elected for calendar years 1947-1948 will expire on December 31, 1948.

For terms: January 1, 1947-December 31, 1948

Incumbents

- (a) H. Gordon MacLean, Oakland (term expiring).
- (b) E. Vincent Askey, Los Angeles (term expiring).
- (c) John W. Cline, San Francisco (term expiring).
- (d) Donald Cass, Los Angeles (term expiring).

(g) *Alternates to the American Medical Association:*

- (a) Leopold H. Fraser, Richmond (Alternate to H. Gordon MacLean).
- (b) Donald G. Tollefson, Los Angeles (Alternate to E. Vincent Askey)
- (c) C. Kelly Canelo, San Jose (Alternate to John W. Cline).
- (d) Ralph B. Eusden, Long Beach (Alternate to Donald Cass).

6. Announcement by Secretary.

Council's nominations of Members of Standing Committees. (For approval by the House of Delegates.)

7. Reports of Reference Committees:

(a) Report of Conference Committee Number 1, on "Reports of Officers and Standing Committees."
G. Dan Delprat, Chairman, San Francisco; Louis J. Regan, Los Angeles; H. F. Freidell, Santa Barbara.

(b) Report of Reference Committee Number 2, on "Report of the Council, and Reports of Secretary-Treasurer, and Executive Secretary."
E. T. Remmen, Chairman, Glendale; Brodie Stephens, San Francisco; E. W. Page, Alameda.

(c) Report of Reference Committee Number 3, on "Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business."

Dwight L. Wilbur, Chairman, San Francisco; C. J. Berne, Los Angeles; A. E. Moore, San Diego.

* * *

8. Unfinished Business.

9. New Business.

10. Presentation of Officers:

President

President-Elect

Speaker

Vice-Speaker

11. Presentation of Certificate to Retiring President
Lowell S. Goin.

12. Approval of Minutes. (Committee to edit.)

13. Adjournment.

E. VINCENT ASKEY, *Speaker*,
GEORGE H. KRESS, *Secretary*.

** Procedure of nomination of District Councilors as outlined in paragraph 3 of Article VII, Section 1, of C.M.A. constitution, adopted on May 8, 1940:

The nine district Councilors shall be elected as follows:

Prior to the time set for election of district Councilors, the delegates of each Councilor district for which a councilorship is about to become vacant, shall submit in writing to the Secretary-Treasurer the names of one or more nominees to fill the said vacancy.

The Secretary-Treasurer shall transmit the names of such nominee or nominees so submitted to him to the House of Delegates on or before the time set for the election.

A vote shall be taken by the House of Delegates upon the nominee or nominees so submitted and, in the event that only one nominee has been submitted, the House of Delegates may, by a majority vote, either elect or refuse to elect said nominee.

If the House of Delegates shall reject the sole nominee of the delegates from the councilorship district, concerned, then said delegates must immediately thereafter submit an additional nominee or nominees and the House shall proceed to vote thereon: if there is but one nominee, the House may elect or reject.

If, after such time as the Speaker may allow, delegates within such councilor district fail to submit an additional nominee or nominees, the House of Delegates may then proceed to make nominations from the floor of the House and a vote shall then be taken by the House of Delegates to determine who shall be elected to the vacant councilorship.

All nominees for district councilorships must be members in good standing, residing within the district in which the vacancy exists.

Proposed Amendment to C.M.A. Constitution

Re: Ex-officio Members of Council

Be It Resolved, That the first paragraph of Section 1, Article VII, of the Constitution of the California Medical Association be amended to read:

"The Council shall consist of the Councilors, and ex-officio: The President, the President-elect, the Speaker and Vice-Speaker of the House of Delegates, each with all the rights of a Councilor."

and, be it

Resolved, That the first paragraph of Section 4, Article X of the Constitution of the California Medical Association be amended to read:

"The President, President-elect, the Speaker and Vice-Speaker of the House of Delegates shall be ex-officio members of the Council with all the rights of Councilors."

† Committees will be announced in programs to appear later.

Each of the aforesaid committees shall consist of three members, the chairman of each to be designated by the Speaker.

The Speaker, the House concurring, shall refer said reports, resolutions, and business to the respective Reference Committees, but may allocate among them any of said reports, resolutions or portions thereof, and other business, to avoid duplication and to expedite the business of the House of Delegates.

The Reference Committee shall present written reports dealing with and making recommendations on all matters submitted to them. The report of each committee shall be read by its chairman first as a whole, and the House of Delegates shall then act and vote upon the report as a whole or section by section, as it may deem best.

† Reports of officers, standing and special committees appear in full text in the "Pre-Convention Bulletin."

SCIENTIFIC ASSEMBLY—GENERAL AND SECTION MEETINGS

II

GENERAL MEETINGS

For index of speakers, see page 199

All General Meetings will be held in the Ball Room (at the South End of the North-South Galeria)

Section Meetings will be held in Conference Rooms (near Grand Avenue entrance of East-West Galeria; use stairway to mezzanine floor).

Request is made for prompt attendance, to permit afternoon Section Programs to begin as per schedule, at 1:30 p.m.

First General Meeting Tuesday Morning, May 7, 1946, at 9:00 a.m.

Presiding

Lowell S. Goin, *Past President*
Philip K. Gilman, *President*

(1)

Invocation—Reverend Wilbur Fix.

(2)

Address of Welcome—Louis J. Regan, M.D., President of the Los Angeles County Medical Association.

(3)

Greetings from the Woman's Auxiliary—Mrs. Ralph Eusden, President of the Woman's Auxiliary to the California Medical Association.

(4)

Report: State Department of Public Health—Wilton L. Halverson, M.D., San Francisco.

(5)

Report: State Board of Medical Examiners—Frank W. Otto, M.D., Los Angeles.

(6)

Medicine and the Atomic Power—Robert S. Stone, M.D., University of California, San Francisco.

(7)

Address of President—Philip K. Gilman, M.D., San Francisco, President of the California Medical Association.

(8)

Problems in the Endocrine Aspects of Convalescence—Allan T. Kenyon, M.D., University of Chicago, Chicago, Illinois.

The endocrine aspects of convalescence will be discussed especially with reference to rates of nitrogen retention. The possibilities and the limitations of using hormones with anabolic influences to induce and accelerate the metabolic process will be outlined.

Second General Meeting Thursday Afternoon, May 9, 1946, at 1:30 p.m. *Presiding*

Philip K. Gilman, *President*
Salvatore P. Lucia, *Chairman, Section on Medicine*
William P. Kroger, *Chairman, Section on Surgery*

(9)

CLINICAL-PATHOLOGICAL CONFERENCE

Presentation of Three Case Histories—Under joint chairmanship of William P. Kroger, M.D., of Los Angeles, and S. P. Lucia, M.D., of San Francisco.

* * *

Case No. 1: Pathologist James Rinehart, M.D., University of California Hospital, San Francisco; with clinician, Allan T. Kenyon, M.D., University of Chicago Medical School, Chicago.

* * *

Case No. 2: Pathologist Hugh Edmondson, M.D., Los Angeles County General Hospital, Los Angeles; with clinician, Verne Mason, M.D., 523 West Sixth Street, Los Angeles.

* * *

Case No. 3: Pathologist Gilbert Curtis, M.D., 1200 North State Street, Los Angeles; with clinician, J. Homer Woolsey, M.D., Woodland Clinic, Woodland.

(10)

Tumors of Infancy and Childhood—George T. Pack, M.D., 139 East 36th Street, New York City.

The incidence and classification of tumors, benign and malignant occurring in infancy and childhood are presented. Special problems in treatment are given and illustrative cases will be shown.

(11)

Malpractice—Let's Face It—Louis J. Regan, M.D., LL.B., 6777 Hollywood Boulevard, Los Angeles.

No more serious problem faces the profession today than that of malpractice. After World War I there was a tremendous increase in the incidence of malpractice claims. Further increase must now be anticipated. The situation can be improved by concerted aggressive action by the whole medical group.

(12)

What Physicians Should Know Regarding Medical-Legal Phases Concerning Adoption of Newborn and Other Children—Donald G. Tollefson, M.D., 511 South Bonnie Brea Street, Los Angeles.

Over 5,000 adoption petitions on file in California and an equal number of prospective parents who have petitions on file give some idea of the scope of this problem. Adoptions are best handled by approved agencies. A committee of medical, legal and welfare workers is studying this problem; the results will be presented.

(13)

Human Reactions During Experimental Aircraft Crash Investigations—Comdr. Howard R. Bierman (MC), U.S.N.R., Naval Medical Research Institute, National Naval Medical Center, Bethesda, Maryland.

A motion picture will illustrate the talk (film, about 15 minutes). Also some lantern slides to illustrate tracings of the various physiological phenomena which have been observed. Perhaps, also, two or three interesting gadgets which have been developed to record the peripheral pulse, respirations and the blood pressure, all of which should be interesting to general medicine. The film will contain many high speed motion picture sequences which were taken at 3,000 frames per second.

III

OFFICIAL CALL

To the Officers and Members of the California Medical Association:

The seventy-fifth annual session of the California Medical Association will be held in Los Angeles, California, from Tuesday, May the seventh, to Friday noon, May the tenth, Nineteen hundred and forty-six.

The House of Delegates will convene on Tuesday, May the seventh.

The Scientific Assembly of the Association will open with the General Meeting held on Tuesday, May the seventh, at 9 A.M.

The various sections of the Scientific Assembly will begin meetings on Tuesday, May the seventh, at 1:30 P.M. and subsequently at 9:00 A.M. and 1:30 P.M., according to their respective programs.

PHILIP K. GILMAN,
President.

E. VINCENT ASKEY,
Speaker, House of Delegates.

Attest:

GEORGE H. KRESS,
Secretary.
March the twentieth,
San Francisco, California.

IV

SECTION MEETINGS

For index of speakers, see page 199

SCIENTIFIC SECTION PROGRAMS

(Numbers in parenthesis after each section indicate sequence reference numbers of papers read in each section.)

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IV.—Eye, Ear, Nose and Throat (79-88).....	184
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REGISTRATION INFORMATION

1. **Registration and Information.** Registration and information desks are located in the Renaissance Room (large room on left, as one enters from Fifth Street—north end of gallery). All members, guests and visitors are requested to register immediately on arrival. Registration secretaries will be on duty from 8:30 a.m. to 5 p.m.

2. **Meeting Rooms of General Meetings and Scientific Sections.** The Ballroom at the south end of main gallery (immediately adjacent to ramp entrance) will be used for general meetings and for Sections of Medicine and Surgery. Other sections (unless otherwise stated) will meet in Conference Rooms on the mezzanine floor. (Conference rooms are entered from the east-west gallery, close to the Grand Ave. entrance).

3. **Annual Session Program.** Copies of complete session proceedings, showing times and places of all meetings, are available at the registration desk.

4. **House of Delegates.** Meetings will be held in Music Room, on east-west gallery, near the main elevators.

5. **Woman's Auxiliary.** Meetings in Rooms 3323 and 3334, on the third floor.

6. **Commercial Exhibits.** In Renaissance Room, near 5th Street entrance, and in foyer of Ballroom, near south auto ramp.

No Scientific Exhibits or Medical Films this year owing to existing conditions.

7. **Whom to Consult for Special Information.** The following activities are under the supervision of Dr. Kress, Association Secretary and Chairman of the Committee on Scientific Program:

- (a) General Meetings Programs
- (b) Section Meeting Programs
- (c) Equipment of Meeting Rooms

Since Dr. Kress is also secretary of the Council and House of Delegates, he will be represented by his secretaries. At the information desk in the ball-room by Mrs. Straus, and on the mezzanine conference floor by Miss Beauchamp.

Registration Desks and Commercial Exhibits are under the supervision of the Executive Secretary, Mr. Hunton. Mr. Hunton's desk is at the registration table.

8. **Pre-Convention Bulletin.** Annual reports of officers, councilors and committees appear in the April issue of CALIFORNIA AND WESTERN MEDICINE. Additional copies of these reports will be made available to delegates and alternates either at the registration desk or at the first meeting of the House of Delegates.

9. **Tickets for "Dinner to the President."** For information, see under Entertainment. Tickets will be on sale at Registration Desk. Special reservations available for parties of eight or more. "Tables Reserved" must not be occupied by others. Please observe this hotel and convention rule.

10. **Badges and Programs.** Badges and programs will be issued at the registration desk in the Renaissance Room, near 5th Street entrance.

11. **Guests and Visitors.** All guests and visitors are requested to register. All general meetings and scientific meetings are open to visitors and guests so registered. There is no charge for registration.

12. **Rules Regarding Papers and Discussions at Annual Sessions.** Section Officers, Essayists, and Members taking part in discussions are requested to read the rules adopted by the C.M.A. Council and the C.M.A. Committee on Scientific Work, relating to papers and discussions. These will appear in the pocket programs, to be distributed at the Registration Desk. Proper and impersonal observance of these rules by all concerned will make for more successful meetings.

Essayists must hand their papers to Section Secretaries, who will forward same to C.M.A. central office.

13. **Business Meetings of Scientific Sections.** For convenience in make-up of Section programs, the business meeting of each Section is scheduled to follow the second paper on a Section program (at a time when there is a good average attendance). However, each Section can change the time for its organization meeting and election of officers for the succeeding year, in accordance with the wishes of the Section members. (So also, as regards sequence of addresses.)

14. **Bulletin Boards.** Consult bulletin boards in the gallery for announcements of special events.

I

GENERAL MEDICINE SECTION

Meetings in Ball Room—At the south end of the North-South Galeria

(Entrance by way of Technical Exhibit Foyer)

SALVATORE P. LUCIA, M.D., *Chairman*
2898 Broadway, San FranciscoFRANCIS L. CHAMBERLAIN, M.D., *Secretary*
490 Post Street, San FranciscoHOWARD O. DENNIS, M.D., *Assistant Secretary*
9730 Wilshire Boulevard, Beverly Hills

First Meeting

Wednesday, May 8, 9:00 a.m.

Paper No. 14:

Chairman's Address—The Trend of Medicine and Its Relationship to the Prevention of Disease—Salvatore P. Lucia, M.D., University of California Hospital, San Francisco.

The practice of medicine transcends the science of diagnosis and the art of therapeutics. It must place renewed emphasis on the subject of the prevention of disease, and this compels a more careful study of those natural phenomena incidental to the art of living, and upon which soundness of mind and body, and the fulfillment of a useful life depends.

Paper No. 15:

Management of Cardiospasm—Rudolf Schindler, M.D., 1052 West Sixth Street, Los Angeles.

Cardiospasm is a curable disease. Method of choice, because leading to permanent results, is the non-surgical forceful dilatation of the cardia. An umbrella-like metal dilator is recommended. The special management and the results obtained are discussed.

Discussion by Lester M. Morrison, M.D., Los Angeles.

PANEL DISCUSSION ON ENDOCRINE THERAPY

Moderator: Allan T. Kenyon, M.D., University of Chicago Medical School, Chicago.

Paper No. 16:

Clinical Use of Estrogens—S. Charles Freed, M.D., Mt. Zion Hospital, San Francisco.

A discussion of the relative activities of the numerous oral estrogens now available will be made. The principles controlling the efficiency of injectable estrogens will also be discussed as well as the experimental results with newer dosage forms of estrogens such as aqueous suspensions.

Paper No. 17:

Improved Forms of Insulin—Cyril M. MacBryde, M.D., 921 Westwood Boulevard, Los Angeles.

Modified protamine zinc insulin offers many advantages over market protamine zinc insulin in the regulation of diabetes. In 110 cases studied during four years, good regulation was established in 98 patients (90 per cent) with a single injection of MPZ insulin daily. Severe as well as mild cases were well-controlled, 64 per cent of the well-regulated cases being severe enough to require over 40 units daily, some needing as much as 120 units (average 73 units). Such good control excels that obtainable with any other form of insulin. Mixing insulins is to be deprecated.

Paper No. 18:

Thiouracil in the Treatment of Thyroid Disease—Mayo H. Soley, M.D., University of California Hospital, San Francisco.

Thiouracil depresses the production of thyroid hormone and therefore has its greatest value in the preparation of patients with severe Graves' disease for subtotal thyroidectomy. The administration of iodine for one to two weeks preoperatively decreases the vascularity of the thyroid and makes thyroidectomy technically easier. Necessity for frequent blood counts and the probability of recurrence of hyperthyroidism when thiouracil is discontinued limits the use of thiouracil in the non-surgical treatment of hyperthyroidism. For unknown reasons, thiouracil is useful in subacute thyroiditis. Toxic effects are nausea and perhaps vomiting, rashes, fever, adenopathy, leukopenia and agranulocytosis.

Paper No. 19:

Use and Abuse of Thyroid—E. Kost Shelton, M.D., 921 Westwood Boulevard, Los Angeles.

Too much dogmatism is employed in the interpretation of the basal metabolic rate and of certain clinical symptoms as indices of thyroid requirement. True hypothyroid states are frequently produced in normal individuals by the injudicious use of desiccated thyroid for pseudo hypothyroid states. Because of this phenomenon the therapeutic test is often erroneously interpreted. More careful laboratory data and better clinical judgment are necessary to arrive at a diagnosis in unconventional problems.

Paper No. 20:

Clinical Indications for and Modes of Administration of Testosterone—Hans Lissner, M.D., 384 Post Street, San Francisco.

The male hormone, testosterone, is a pure chemical, synthetically produced. It is *not an extract* of either animal or human testes. Only four pharmaceutical firms in the United States have the right to produce this material. When given in proper dosage, for those conditions for which it is indicated, it can be counted upon to produce consistently satisfactory improvement. It is every bit as potent and reliable as thyroid substance or insulin. In the form of testosterone propionate in oil, it may be injected intramuscularly and is available in 5 mg., 10 mg., and 25 mg. ampoules. For mild doses, or in infants, it may be massaged into the skin being incorporated in a bland ointment. In the form of crystalline pellets testosterone may be implanted under the skin in doses ranging from 150 to 1,000 mgms. at one time; one such tablet will continue to be effective for many months depending on the dosage used. In the form of methyl testosterone, available in 10 mgm. tablets, the male hormone is potent when swallowed; about three times the dose is necessary perorally to produce the same effect as when injected. The most economical manner, and also efficient way of administering testosterone, is in the form of methyl testosterone linguets, available in 5 mg. hard compressed tablets, absorbed directly from under the tongue or the buccal cavity. This route is two to three times as efficient as when the tablets are swallowed.

Paper No. 21:

Problems in Growth—Allan T. Kenyon, M.D., University of Chicago Medical School, Chicago.

Certain aspects of normal growth which must be taken into account in the analysis of growth defects and of remedial agents will be considered. The prop-

erties of hormonal agents in accelerating growth will be discussed.

Allan T. Kenyon, M.D., and Panel members will answer questions on Endocrine Therapy. Questions must be submitted in writing, and sent up to the panel table.



Second Meeting

Thursday, May 9, 9:00 a.m.

Joint Meetings With Sections on General Surgery and Radiology

PANEL DISCUSSION ON DIAGNOSIS AND TREATMENT OF PULMONARY SUPPURATION

Paper No. 22:

Co-Moderators: Reginald Smart, M.D., 1136 West Sixth Street, Los Angeles, and Emile Holman, M.D., Stanford University Hospital, San Francisco.

Pulmonary Suppuration: panel discussion; presentation of illustrative cases with clinical history and roentgen films, discussed from the standpoint of diagnosis, and medical and surgical treatment. The participants will endeavor to answer questions from the floor (handed up in writing).

Paper No. 23:

Robert Newell, M.D., Stanford University Hospital, San Francisco.

Paper No. 24:

Sidney Shipman, M.D., 490 Post Street, San Francisco.

Paper No. 25:

Stephen Dolley, M.D., 1930 Wilshire Boulevard, Los Angeles.

Paper No. 26:

Paul C. Samson, M.D., 805 Highland Avenue, Piedmont.

This is to be a joint panel with members of the Sections on Medicine, Surgery, and Radiology participating. It is to be a discussion of a group of representative cases illustrating the various common types of pulmonary suppuration, with a consideration of diagnosis and treatment—both medical and surgical.

If time permits, questions submitted in writing, and sent up to the moderators, may be answered.

Recess

Second Half of Program

PANEL DISCUSSION ON PHLEBOTHROMBOSIS AND THROMBOPHLEBITIS, AND ITS MEDICAL AND SURGICAL MANAGEMENT

Moderator: C. J. Berne, M.D., 2023 Redcliff Street, Los Angeles, who will open the discussion.

Paper No. 27:

*Phlebothrombosis and Thrombophlebitis—Introductory Comment—*C. J. Berne, M.D., 1136 West Sixth Street, Los Angeles.

In past years there has been presented at the Annual Meetings a number of excellent papers on Venous Thrombosis and Embolism, Heparin and Dicumarol. The present much greater use of the anticoagulant drugs has been paralleled by advances in surgical procedures for control of venous thrombosis. The panel to be presented is intended to review and correlate all these phases. A summary of the incidence, clinical types, morbidity, mortality, and pathogenesis of venous thrombosis will be given by the moderator of the panel as a prelude to the presentations by the collaborators.

Paper No. 28:

*Venography, Advantages and Limitations—*Earl R. Miller, M.D., University of California Hospital, San Francisco.

The technique of venography and the meaning of some of its results will be discussed.

Paper No. 29:

*The Blood Clotting Mechanism and Tests for Its Efficiency—*Roy W. Hammack, M.D., 657 South Westlake Avenue, Los Angeles.

The Factors Involved in Coagulation. The Source and properties of Prothrombin. The Formation of Thrombin and the Nature of its Action. The Purpose of Coagulation. Practical Laboratory Methods for Estimation of Prothrombin and Coagulation time.

Paper No. 30:

*The Use of Anticoagulants Heparin and Dicumarol—*Salvatore P. Lucia, M.D., University of California Hospital, San Francisco.

A discussion of the mechanism of action of anticoagulants in general, and heparin and dicumarol in particular, with details of the technique of administration.

Paper No. 31:

*The Physical Management of Phlebothrombosis and Thrombophlebitis—*Leon Goldman, M.D., and Stanley G. Johnson, M.D., University of California Hospital, San Francisco.

A report of phlebothrombosis and pulmonary embolism in postoperative and medical patients seen at the San Francisco Hospital during the past three years. The indications and techniques of femoral and iliac vein ligation will be discussed.



Third Meeting

Thursday, May 9, 1:30 p.m.

General Session, in Joint Meeting with Sections on General Surgery and Medicine

CLINICAL-PATHOLOGICAL CONFERENCE

*Three Case Histories—*Under joint chairmanship of William Kroger, M.D., of Los Angeles, and S. P. Lucia, M.D., of San Francisco.

Paper No. 32:

Case No. 1: Pathologist James Rinehart, M.D., University of California Hospital, San Francisco; with clinician Allan T. Kenyon, M.D., University of Chicago Medical School, Chicago.

Paper No. 33:

Case No. 2: Pathologist Hugh Edmondson, M.D., Los Angeles County General Hospital, Los Angeles; with clinician Verne Mason, M.D., 523 West Sixth Street, Los Angeles.

Paper No. 34:

Case No. 3: Pathologist Gilbert Curtis, M.D., 1200 North State Street, Los Angeles; with clinician J. Homer Woolsey, M.D., Woodland Clinic, Woodland.



Fourth Meeting

Friday, May 10, 9:00 a.m.

Paper No. 35:

*Physiological Basis for the Treatment of Intractable Asthma—*Hyman Miller, M.D., 123 North San Vicente Boulevard, Beverly Hills.

Many remedies, although diametrically opposed in pharmacologic effects, have been reported effective in the relief of intractable asthma. The answer to this paradox lies in a proper appreciation of the patho-

logical physiology involved. On this basis the treatment herein described has been developed and has been in successful use at the Los Angeles General Hospital.

Discussion by Albert Rowe, M.D., Oakland.

Paper No. 36:

Chrysotherapy in Rheumatoid Arthritis—Hans Waine, M.D., Francis Baker, M.D., and Stacy R. Mettier, M.D., University of California Hospital, San Francisco.

One hundred and twenty patients with active peripheral rheumatoid arthritis were followed for an average time of over three years. About half of these received intensive conservative treatment while the others had chrysotherapy in addition. The results show that twice as many patients in the gold treated series lost all evidence of active disease as in the control series. The indications for gold in arthritis, its mode of administration and its limitations are discussed.

Discussion by Pierre J. Walker, M.D., Los Angeles.

Business Recess

Business Meeting and Election of Officers

Paper No. 37:

The Natural History of Streptococcus Disease—Lowell Rantz, M.D., Stanford University Hospital, San Francisco.

The natural history of hemolytic streptococcus sore throat in young adults has been studied. The symptoms, signs and course of the acute disease will be described as will the suppurative and non-suppurative complications that so frequently followed the initial illness.

Discussion by John Brown, M.D., San Francisco.

Recess

10:30 a.m.

SYMPOSIUM ON CLINICAL USE OF ANTIBIOTICS

Paper No. 38:

Penicillin, Sulfonamide, and Serum Therapy of Purulent Meningitis—Henry Brainerd, M.D., and Elizabeth Bradley, M.D., San Francisco Hospital, San Francisco.

This report analyzes the experience obtained during the years 1943 to 1946 at the Isolation Division, San Francisco Hospital, in the treatment of acute bacterial meningitis of all types. The relative values of sulfadiazine, sulfamerazine, penicillin, and various antibacterial sera are compared, and indications for each type of therapy are promulgated on the basis of certain prognostic data.

Paper No. 39:

Treatment of Pneumococcus Pneumonia: Comparison of Sulfonamides, Parenteral Penicillin, and Oral Penicillin—A Study of 3,000 Cases—Morris F. Colten, M.D., Permanente Foundation Hospital, Oakland.

This study indicates that penicillin is the drug of choice in routine treatment of pneumococcal pneumonia because of its effectiveness and low toxicity. In mild and moderately severe pneumonia oral penicillin is simplest to administer and clinically is as effective as parenteral penicillin. In severe pneumonia combined penicillin and sulfadiazine therapy is indicated.

Paper No. 40:

Status of Penicillin in the Treatment of Syphilis—

Charles W. Barnett, M.D., Stanford University Hospital, San Francisco.

The results of penicillin therapy in early syphilis under various dosage schedules are discussed. The futility of penicillin as a desperation measure in Wasserman fast latent syphilis is pointed out and the indications for its use in other types of late syphilis are outlined.

Paper No. 41:

Antibiotics in the Treatment of Streptococcus Disease—Lowell Rantz, M.D., Stanford University Hospital, San Francisco.

Penicillin was used alone and in combination with sulfonamides in the treatment of a large number of cases of hemolytic streptococcus sore throat with and without rash. The results of this study will be summarized.

Round Table discussion by members of the panel answering questions submitted in writing.



Fifth Meeting

Friday, May 10, 1:30 p.m.

Joint Meeting of Section on Medicine with California Heart Association

Dr. Louis Martin and Dr. Salvatore P. Lucia, presiding.

Paper No. 42:

The Present Status of Surgery in Congenital Heart Disease—John C. Jones, M.D., 1136 West Sixth Street, Los Angeles.

A discussion of the status of the surgical treatment of patent ductus arteriosus, Tetralogy of Fallot, and coarctation of the aorta; indications and contraindications for operative correction and surgical complications.

Discussion by H. Brodie Stephens, M.D., San Francisco, and Emile Holman, M.D., San Francisco.

Paper No. 43:

Quinidine—Its Uses in Heart Disease—S. A. Weisman, M.D., 1136 West Sixth Street, Los Angeles.

This report consists of a series of animal experiments and clinical studies on over 500 patients. A method of treatment is presented which not only lessens, but often prevents the dangers and toxic symptoms so frequently attributed to the use of the drug.

Discussion by George Houck, M.D., Palo Alto.

Paper No. 44:

The Detection of Cardiac Abnormalities with Miniature (4 x 5) Film—Joseph Jellen, M.D., 923 South Sycamore Avenue, Los Angeles, and William Paul Thompson, M.D., 1930 Wilshire Boulevard, Los Angeles.

The incidence of cardiac abnormalities is shown in a large chest survey group using miniature (4 x 5) films. Comparative studies of heart size are presented using 4 x 5 films, 14 x 17 films, and orthodiagrams. Criteria are suggested for the selection of abnormal hearts with miniature films.

Discussion by Robert Newell, M.D. San Francisco.

Recess

SYMPOSIUM ON RHEUMATIC FEVER IN ADULTS

Paper No. 45:

Some Clinical Aspects of Rheumatic Fever in Adults on the Pacific Coast—Maurice Eliaser, M.D., 490 Post Street, San Francisco.

Rheumatic Fever among adults on the Pacific Coast presents diagnostic problems associated with the apparently mild nature of the articular phase of the acute disease. The premonitory diseases, cardiac lesions, and laboratory data in a group of critically observed patients are described.

Paper No. 46:

Sudden Death in Rheumatic Fever—George C. Griffith, M.D., 117 East Colorado Street, Pasadena.

Thirteen deaths occurred in a series of over 10,000 rheumatic fever patients of military age. Three of these deaths were sudden, dramatic and unexpected. Two of the three patients were considered to have reached the quiescent phase of the disease.

All three patients died of acute myocardial infarction. The histopathologic studies revealed an acute collagenous effusion of sufficient degree to occlude vital coronary arteries. These arterial changes were adjudged examples of an acute anaphylactic anginitis.

Paper No. 47:

The Electrocardiogram in the Diagnosis and Management of Rheumatic Fever—Maurice Sokolow, M.D., University of California Hospital, San Francisco.

The presence of carditis is a most important criterion in the evaluation of an illness suspected to be rheumatic fever. In adults, carditis is mostly commonly demonstrated by the appearance of significant electrocardiographic abnormalities. Data illustrating these abnormalities and their significance will be presented.

Paper No. 48:

Differential Diagnosis of Adult Rheumatic Fever and Rheumatoid Arthritis—Ephraim P. Engleman, Major, M.C., San Francisco.

Acute rheumatoid arthritis and adult rheumatic fever have been compared, and differential diagnostic features are presented. Army experience has supported a previously recorded observation that rheumatoid arthritis is more frequently misdiagnosed as rheumatic fever than the reverse. Emphasis is therefore placed on rheumatoid manifestations which superficially simulate those of rheumatic fever. It is concluded that in most cases early and accurate differentiation between these two diseases can be made.

Election of Officers of California Heart Association.



II

GENERAL SURGERY SECTION

Meetings in Ball Room—At the south end of the North-South Galeria

(Entrance by way of Technical Exhibit foyer)

WILLIAM P. KROGER, M.D., *Chairman*
1930 Wilshire Boulevard, Los Angeles

EUGENE J. JOERGENSEN, M.D., *Secretary*
632 North Brand Boulevard, Glendale

A. MORSE BOWLES, M.D., *Assistant Secretary*
541 Fourth Street, Santa Rosa

First Meeting

Tuesday, May 7, 1:30 p.m.

Paper No. 49:

Chairman's Address—Hypoparathyroidism—William P. Kroger, M.D., 1930 Wilshire Boulevard, Los Angeles.

The discussion of the subject is confined to post thyroidectomy hypoparathyroidism; acute and chronic

or latent hypoparathyroidism is considered. The incidence, etiology, symptoms, and treatment will be discussed. Special emphasis will be placed upon the specific action of dihydrotachysterol.

Paper No. 50:

Acute Pancreatitis—J. Howard Payne, M.D., 1327 Norfolk Street, Los Angeles.

A study of acute pancreatitis, based on admissions to the Los Angeles County General Hospital, with special emphasis on symptoms, laboratory findings, and prognosis.

Discussion by John Paxton, M.D., Glendale.

Paper No. 51:

Management of Malignant Melanoma—George T. Pack, M.D., and Samuel Perzik, M.D., Memorial Hospital for Cancer and Allied Diseases, New York.

End result in 950 cases will be given. The treatment of this most malignant and fatal of all superficial cancers is discussed. The principle of excision and dissection in continuity for primary metastatic melanoma is presented. Special problems dealing with melanomas of various locations are considered.

Discussion by George T. Pack, M.D., New York City.

Recess

Second Half of Program

Joint Meetings with Section on Industrial Medicine and Surgery

PANEL DISCUSSION ON SURGERY OF THE HAND

Chairman of Panel: Sterling Bunnell, M.D.

Paper No. 52:

The Mechanics of Hand and Fingers, and Disturbances from Injuries—Jacob Janzen, M.D., 312 North Boyle Avenue, Los Angeles.

A brief review of the salient features of the anatomy of the hand, with attention to its normal mechanism and with special emphasis on the finger mechanism and on the influence of muscles in fractures and other injuries.

Paper No. 53:

Primary Treatment of Open Wounds of the Hand—John E. Kirkpatrick, M.D., 516 Sutter Street, San Francisco.

Wounds of the hand constitute a surgical emergency unsuitable for office or emergency room care in most instances, consequently hospital and surgical priorities are a necessity. Adequate anesthesia, a bloodless field, gentle skin cleansing with detergents, meticulous excision of only nonviable tissue, anatomical and physiological repair, pressure dressings, and splinting in the position of maximum function are essential for restoration of function. The "golden hours" for primary repair may be extended with penicillin and oral sulfadiazene in selected cases where complicated injuries require the service of a surgeon at a distant hospital.

Paper No. 54:

Infection of the Hand with Evolution of Chemotherapy—Joseph H. Boyes, M.D., 1401 South Hope Street, Los Angeles.

Chemotherapy has proven of value in the treatment of infections but their use has not supplanted the surgical drainage of certain types of infections of the hand. Particularly in tendon sheath infections where swelling beneath the unyielding annular ligaments and pulleys causes ischemic necrosis of the

tendons and nerves, it is still important to properly diagnose and surgically treat the infected hand. Slides will be used to illustrate the areas most vulnerable to this type of damage and the indicated treatment discussed.

Paper No. 55:

Amputation of the Hand and Fingers—Vernon P. Thompson, M.D., 860 South Hudson, Los Angeles.

Paper No. 56:

Treatment and Prevention of Stiff Joints of the Hand and Fingers, Including Trophic Disorders—Lt. Col. Donald Pratt (MC), Dibble General Hospital, Menlo Park.

The various methods of mobilizing stiffened finger joints by splints will be demonstrated. The details in the operative procedures of arthroplasty and capsulotomy will be outlined. Discussion of a group of contractures resulting from post-traumatic vascular and trophic changes.

General discussion.



Second Meeting

Wednesday, May 8, 1:30 p.m.

Joint Meeting with Section on Anesthesiology

Paper No. 57:

Physiology of Traumatic Reflexes and Respiration During Surgical Anesthesia: Quantitative and Pneumographic Studies Under Pentothal and Local Nerve Block—James C. McCann, M.D., Worcester, Massachusetts.

This study is based on the hypothesis that anesthesia under sodium pentothal establishes in the human the basic experimental condition of "functional decerebration." Reflex arcs of the intracerebral nerve centers are preserved intact during surgical planes of anesthesia. This permits accurate physiological observations of the reflex stimulation of respiration by surgical pain stimuli. Studies of the rate of utilization of pentothal in general surgery revealed that the major factor determining the quantitative use of pentothal was the intensity of the reflex stimulation of the respiratory center by surgical trauma. The pain impulses have been interrupted strategically with direct procaine nerve block, and the rate of utilization of pentothal sharply reduced. Clinical observations were made of specific reflex respiratory responses to trauma from segmental areas of the body (cervical, thoracic, lumbar, sacral) with pneumograms. Demonstration of the segmental specificity of different types of reflex respiratory response was thus established. Counterproof of their specificity and character was accomplished by blocking out the specific areas with procaine nerve block and repeating the pneumograms. Thus in the human an experimental study of the physiology of surgical anesthesia has been made. The results appear to be of significance whatever the anesthetic agent used.

Recess

Paper No. 58:

The Effect of Sulfonamide Drugs on Postoperative Morbidity and Mortality in Colon Surgery—H. Glenn Bell, M.D., University of California Hospital, San Francisco.

An attempt has been made to correlate the morbidity, mortality, and end results in large bowel surgery, with and without the use of chemotherapy. It is the feeling that the present day chemotherapy

is quite an adjunct to large bowel surgery, but the fact must be stressed that it will never take the place of adequate surgery.

Discussion by Robert Scarborough, M.D., San Francisco.

Paper No. 59:

Two-Team Abdominoperineal Resection—Malcolm R. Hill, M.D., 1216 Wilshire Boulevard, Los Angeles, and Robert L. Belt, M.D., 229 North Central Avenue, Glendale.

The use of a double operative team in abdominoperineal resection of the rectum for carcinoma of the anus, rectum, and rectosigmoid is reviewed and illustrated with motion pictures in color.

Discussion by John R. Paxton, M.D., Glendale.



Business Recess

Business Meeting and Election of Officers



Joint Meeting with Section on Radiology

PANEL DISCUSSION ON CARCINOMA OF THE STOMACH

Chairman of Panel: Thomas F. Mullen, M.D.

Paper No. 60:

A general discussion of the factors responsible for the delay in establishing the diagnosis of, and thus delaying the surgical treatment of carcinoma of the stomach.

Paper No. 61:

What Can the Internist Do to Get More Early Cases to the Surgeon?—Clayton D. Mote, 384 Post Street, San Francisco.

It should not be necessary to emphasize that the presence of carcinoma of the stomach must be recognized early if the results in the treatment of the disease are to be improved. There must be an increasing awareness on the part of doctor and patient alike if more cases are to have the benefit of surgery early in the course of the disease.

Paper No. 62:

The Place of Gastroscopy in the Early Diagnosis of Cancer of the Stomach—Rudolf Schindler, M.D., 1052 West Sixth Street, Los Angeles.

The exactitude with which, even finest changes of the mucosa may be recognized at gastroscopy is usually under-estimated. Early differentiation between benign and malignant ulcer often becomes possible. The observation of cases with precancerous conditions offers the possibility to discover beginning malignancies. (With colored slides.)

Paper No. 63:

Problems in the X-ray Diagnosis of Early Cancer of the Stomach—Kenneth S. Davis, M.D., St. Vincent's Hospital, Los Angeles.

The importance of diagnosis of early cancer of the stomach is obvious when one considers that 75 per cent of gastric carcinomas are found to be inoperable. Cancers of the stomach may be grouped into (1) those arising on healthy gastric mucosa, and (2) those arising on previously diseased mucosa.

In group 1 the roentgen findings are the filling defect, corresponding palpable mass, lack of normal flexibility of the stomach wall and absence of peristalsis in the region of involvement.

In group 2—benign gastritis, polyps and gastric ulcer must be differentiated from early cancer. It is in this group that most of our problems in differential diagnosis are encountered.

Paper No. 64:

What Are the Recent Advances Made in the Surgical Treatment of Cancer of the Upper End of the Stomach?—Gunther W. Nagel, M.D., 2000 Van Ness Avenue, San Francisco.

The transthoracic approach is a satisfactory method for resection of carcinomas of the cardiac end of the stomach.

Contributing to the success of these procedures are the recent developments in intratracheal anesthesia and the prevention of infection by the use of penicillin and the sulfa drugs.

Paper No. 65:

End Results in the Treatment of Gastric Cancer—George T. Pack, M.D., 139 East 36th Street, New York City.

Figures covering the resectability rate, the operative mortality and the period of definitive cures are presented with a review of all the prognostic factors which influence these end results. Methods of improving these percentages are explained. Palliative measures in the management of gastric cancer are evaluated.

General Discussion. Questions in writing, to be passed up to the Moderator, who will inspect the same and distribute to members of the panel.



Third Meeting

Thursday, May 9, 9:00 a.m.

Joint Meeting with Sections on General Medicine and Radiology

PANEL DISCUSSION ON PULMONARY SUPPURATION

Co-Moderators: Reginald Smart, M.D., 1136 West Sixth Street, Los Angeles, and Emile Holman, M.D., Stanford University Hospital, San Francisco.

(See Papers 22-26)

Robert Newell, M.D., Stanford University Hospital, San Francisco.

Sidney Shipman, M.D., 490 Post Street, San Francisco.

Stephen Doley, M.D., 1930 Wilshire Boulevard, Los Angeles.

Paul C. Samson, M.D., 805 Highland Avenue, Piedmont.

This is to be a joint panel in which members of the Sections on Surgery, Medicine, and Radiology will participate. It is to be a discussion of a group of representative cases illustrating the various common types of pulmonary suppuration, with a consideration of diagnosis and treatment—both medical and surgical.



Second Half of Program

PANEL DISCUSSION ON PHLEBOTHROMBOSIS AND THROMBOPHLEBITIS AND ITS MEDICAL AND SURGICAL MANAGEMENT

Moderator: C. J. Berne, M.D., Los Angeles. He will open the discussion.

Paper No. 27:

Phlebothrombosis and Thrombophlebitis—Introductory Comment—C. J. Berne, M.D., 1136 West Sixth Street, Los Angeles.

In past years there has been presented at the Annual Meetings a number of excellent papers on Venous Thrombosis and Embolism, Heparin and Dicumarol. The present much greater use of the

anticoagulant drugs has been paralleled by advances in surgical procedures for control of venous thrombosis. The panel to be presented is intended to review and correlate all these phases. A summary of the incidence, clinical types, morbidity, mortality, and pathogenesis of venous thrombosis will be given by the moderator of the panel as a prelude to the presentations by the collaborators.

Paper No. 28:

Venography, Advantages and Limitations—Earl R. Miller, M.D., University of California Hospital, San Francisco.

The technique of venography and the meaning of some of its results will be discussed.

Paper No. 29:

The Blood Clotting Mechanism and Tests for Its Efficiency—Roy W. Hammack, M.D., 657 South Westlake Avenue, Los Angeles.

The Factors Involved in Coagulation. The Source and Properties of Prothrombin. The Formation of Thrombin and the Nature of its Action. The Purpose of Coagulation. Practical Laboratory Methods for Estimation of Prothrombin and Coagulation time.

Paper No. 30:

The Use of Anticoagulants Heparin and Dicumarol—Salvatore P. Lucia, M.D., University of California Hospital, San Francisco.

A discussion of the mechanism of action of anticoagulants in general, and heparin and dicumarol in particular, with details of the technique of administration.

Paper No. 31:

The Physical Management of Phlebothrombosis and Thrombophlebitis—Leon Goldman, M.D., and Stanley G. Johnson, M.D., University of California Hospital, San Francisco.

A report of phlebothrombosis and pulmonary embolism in postoperative and medical patients seen at the San Francisco Hospital during the past three years. The indications and techniques of femoral and iliac vein ligation will be discussed.



Fourth Meeting

Thursday, May 9, 1:30 p.m.

General Session, in Joint Meeting with Sections on General Medicine and General Surgery

CLINICAL-PATHOLOGICAL CONFERENCE

Three Case Histories—Under joint chairmanship of William Kroger, M.D., of Los Angeles, and S. P. Lucia, M.D., of San Francisco.

Paper No. 32:

Case No. 1: Pathologist James Rinehart, M.D., University of California Hospital, San Francisco; with clinician Allan T. Kenyon, M.D., University of Chicago Medical School, Chicago.

Paper No. 33:

Case No. 2: Pathologist Hugh Edmondson, M.D., Los Angeles County General Hospital, Los Angeles; with clinician Verne Mason, M.D., 523 West Sixth Street, Los Angeles.

Paper No. 34:

Case No. 3: Pathologist Gilbert Curtis, M.D., 1200 North State Street, Los Angeles, with clinician J. Homer Woolsey, M.D., Woodland Clinic, Woodland.

III

OBSTETRICS AND GYNECOLOGY SECTION

**Meeting Room: Conference Room No. 1, on
Mezzanine Floor, off North Galeria**

DANIEL G. MORTON, M.D., *Chairman*
University of California Hospital, San Francisco

PHILIP A. REYNOLDS, M.D., *Vice-Chairman*
1930 Wilshire Boulevard, Los Angeles

T. FLOYD BELL, M.D., *Secretary*
431 Thirtieth Street, Oakland

First Meeting

Tuesday, May 7, 1:30 p.m.

**Joint Meeting with Section on Urology
First Half**

Paper No. 66:

Pyelitis in Pregnancy—W. Dayton Clark, M.D., Stanford University Hospital, San Francisco.

(a) Physiological changes in urinary tract during pregnancy; (b) The clinical disease entity, including bacteriology, pathology, and radiographic findings; (c) Treatment: Preventive, ambulatory, hospital, during labor and puerperium. Termination of pregnancy. Methods of delivery at term; (d) Sequellae and future pregnancies.

Discussion by Paul A. Ferrier, M.D., Pasadena.

Paper No. 67:

Renal Contra-indications to Pregnancy—Thomas E. Gibson, M.D., 450 Sutter Street, San Francisco.

An evaluation of renal factors both relative and absolute, which are inimical to pregnancy.

Paper No. 68:

The Post-Partum Bladder—George E. Judd, M.D., 1930 Wilshire Boulevard, Los Angeles, and Frederick A. Bennetts, M.D., 11241 Blix Street, North Hollywood.

In September, 1941, a report was prepared covering the study of the bladder, postpartum, made at the Los Angeles County General Hospital. The study was based upon the cystoscopic and cystometric findings of the postpartum patient. A report of these findings was made in the *American Journal of Obstetrics and Gynecology*, 1941.

Certain questions were raised at that time for further investigation. Some of these have been answered, and additional information has been secured. It is in the interest of the continuation of the study of this phase of Obstetrics and Urology that the paper will be presented.

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Business Recess

Business Meeting and Election of Officers

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Second Meeting

Wednesday, May 8, 9:30 a.m.

**Meeting Room: Conference Room No. 1, on
Mezzanine Floor, off North Galeria**

**Joint Meeting with Section on Pathology and
Bacteriology**

SYMPOSIUM ON THE RH FACTOR

Paper No. 69:

Moderator: Charles W. Leach, M.D., San Francisco.

Paper No. 70:

Obstetrics—Philip A. Reynolds, M.D., 1930 Wilshire Boulevard, Los Angeles.

Presenting the problem as it applies to the obstetrician.

Paper No. 71:

Hematology and Treatment—Madeleine A. Fallon, M.D., 1930 Wilshire Boulevard, Los Angeles.

The management of the erythroblastic infant.

Paper No. 72:

Pathology—Roy W. Hammack, M.D., 657 South Westlake Avenue, Los Angeles.

The pathological changes in erythroblastosis.

Paper No. 73:

Serology—Roy Fisk, Ph.D., Huntington Memorial Hospital, Pasadena. (By invitation.) The blood findings in erythroblastosis.

Questions, in writing, may be submitted to the Moderator during the meeting.

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Second Half of Program

Paper No. 74:

The Recurrence of Ovulation Following Parturition—Robert Lyon, M.D., University of California Hospital, San Francisco, and Mary J. Stamm, M.D., University of California Hospital, San Francisco.

The time of the resumption of both menstruation and ovulation has been studied in thirty-two puerperal patients. These cases were divided into those who lactated five months or more, those lactating one month and those who did not lactate at all. The evidence presented was gathered by means of basal body temperature and endometrial biopsies, correlated with various phases of the puerperal convalescence.

Paper No. 75:

Demorol Analgesia in Obstetrics—Alexis G. Maximov, M.D., 576 B Street, Santa Rosa.

Demorol and Scopolamine have been used in a series of 300 cases at the Sonoma County Hospital during the past fifteen months. The percentage of satisfactory results is reported, and the dosage scheme discussed. The effect of Demorol and Scopolamine on length of labor and on the mother and fetus are noted.

Discussion by Charles Isham, M.D., San Diego.

Paper No. 76:

Psychosomatic Aspect of Dysmenorrhea—William E. Hunter, M.D., and Bruce B. Rolf, M.D., 1033 Gayley Avenue, Los Angeles.

Dysmenorrhea is a symptom complex that occurs most often in normal healthy ovulating girls with lowered pain threshold.

A discussion of the mechanism of "Phantom Patterns" of exaggerated moliminal symptoms in the psychosensory areas in the cerebral cortex, by the summation of multiple inadequate stimuli and enhanced by monthly repetition.

Discussion by Roy M. Dorcus, Professor of Psychology, U.C.L.A.

Paper No. 77:

Chairman's Address—Daniel G. Morton, M.D., University of California Hospital, San Francisco.

Paper No. 78:

Five Year Series of Chronic Salpingitis at the Los Angeles General Hospital—H. N. Shaw, M.D., and John Gaspar, M.D., 901-2 Pacific Mutual Building, Los Angeles.

A study of thirty-five hundred cases of chronic salpingitis admitted to the Los Angeles General Hospital during the past five years. An attempt to evaluate the results of treatment with sulfonamides and penicillin, and comparing those results with our experience of former years.

Discussion by John Gaspar, M.D., Los Angeles.



IV

EYE, EAR, NOSE AND THROAT SECTION

Meeting Room: Conference Room No. 1, on Mezzanine Floor, off North Galeria

LEWIS F. MORRISON, M.D., *Chairman*
490 Post Street, San Francisco

DOHRMANN K. PISCHEL, M.D., *Vice-Chairman*
490 Post Street, San Francisco

PIERRE VIOLE, M.D., *Secretary*
1930 Wilshire Boulevard, Los Angeles

Section Aides:

COLBY HALL, M.D., Los Angeles

JOHN LORDAN, M.D., Los Angeles

First Meeting

Wednesday, May 8, 1:30 p.m.

In Conference Room 1

Paper No. 79:

Disorders of Visual Perception and Interpretation—John A. Bullis, M.D., 1241 Shatto Place, Los Angeles.

A presentation of some disorders of visual perception including mind blindness, visual memory, and interpretation of visual phenomena resulting from lesions of the central nervous system.

Discussion by J. M. Nielsen, M.D., Los Angeles.

Paper No. 80:

Cyclodialysis, Multiple or Single, with Air Injection: An Operative Technique for Chronic Glaucoma of the Wide Angle Type—Otto Barkan, M.D., 490 Post Street, San Francisco.

The objective of the method described is to make a larger dialysis with less trauma than is possible with the ordinary technique of cyclodialysis, and to control hemorrhage. Multiple cyclodialysis with air injection is at once a safer and more effective operation than a single cyclodialysis according to the usual method. The results in a series of 80 operations are given.

Discussion by David O. Harrington, M.D., San Francisco, and John Lordan, M.D., Los Angeles.

Paper No. 81:

Ophthalmology Notes from the European Theater—Clinton A. Wilson, M.D., 609 South Grand Street, Los Angeles.

1. Type and frequency of injuries related to the activity of the individual, battle and non-battle.

2. Diseases related to warfare: conjunctivitis, iritis, corneal ulcer, glaucoma in: (a) U. S. and Allied troops; (b) recovered Allied military person-

nel; (c) displaced personnel; (d) prisoners of war and German civilians.

3. Treatment: (a) early for injuries, and with special attention to use of penicillin and tetanus toxoid; (b) safety measures; (c) adequate food and hygiene.

4. The British Ophthalmic and Optical Unit.

5. Essentials of re-orientation for the eye surgeon working in forward areas.

Discussion by George S. Campion, M.D., San Francisco.

Paper No. 82:

The Treatment of Alternating Convergent Strabismus in Infancy—Avery Morley Hicks, M.D., 490 Post Street, San Francisco.

Alternating convergent strabismus frequently develops in those cases of strabismus which have their onset during the first six months of life. It is more apt to occur if the errors of refraction are small and of equal amount. The prognosis from treatment of this type of strabismus is relatively poor unless carried out in early childhood. This is a review of the motor and sensorial symptoms in a series of twenty-five cases treated by continuous permanent alternating occlusion of the eyes from the age of one year until the deviations were corrected surgically at about the age of two years.

Discussion by W. E. Borley, M.D., San Francisco.

Paper No. 83:

Deficiency Diseases of the Eye—Warren A. Wilson, M.D., 1930 Wilshire Boulevard, Los Angeles.

In a Prison of War Camp of approximately six thousand Americans between five hundred and one thousand patients were observed suffering from Xerophthalmia. Of this group a hundred were cared for that had developed Keratomalacia. The diet therapy, routine and results of these cases will be discussed. In addition, over a thousand cases of Amblyopia were examined and treated. This condition was caused by retrobulbar neuritis due to nutritional deficiencies. These will be discussed in detail.

Discussion by Max E. Pohlman, M.D., Los Angeles.



Second Meeting

Thursday, May 9, 1:30 p.m.

Meeting Room: Conference Room No. 1, on Mezzanine Floor, off North Galeria

Paper No. 84:

Epiglottitis—Alden H. Miller, M.D., 500 South Lucas Avenue, Los Angeles.

A clinical consideration of the etiology of acute infections of the epiglottis based on cases seen in the Los Angeles County Hospital, Children's Hospital and Eye and Ear Hospital.

The greatest interest lies in etiology. Epiglottitis may be primary, as following trauma, but usually is part of an upper respiratory infection, especially streptococcal and influenzal infections. The latter, in children, seems to give almost typical findings. Early diagnosis, recognition of possible extension obstructing the larynx, and treatment is stressed.

Discussion by Simon Jesberg, M.D., Los Angeles.

Paper No. 85:

Tuberculosis of the Tonsil and Adenoid: a Bacteriologic and Microscopic Study of Material from 500

Consecutive Tonsillectomies and Adenoidectomies in Children—Ernest R. V. Anderson, M.D., 1052 West Sixth Street, Los Angeles.

1. Tuberculin tests were performed in 500 children to have tonsillectomy and adenoidectomy at the Los Angeles General Hospital. In those cases in which the tuberculin reaction was positive, the tonsils and adenoids were examined histologically for tuberculosis, and by culture and animal inoculation for tubercle bacilli.

2. The age range was from 2 to 17 years with an average of 9 years. Of the 500 cases, 118 or 23.6 per cent were tuberculin positive. Four cases were histologically positive, 7 cases were bacteriologically positive. Histological and bacteriological findings were present together in three. Tuberculosis or tubercle bacilli were found in 8 cases.

3. Chest roentgenography in the cases with tonsillar findings showed no disease in one, inconclusive findings in one, calcified hilar nodes in 5, and active tuberculosis in one.

4. Gastric washings combined with material obtained by pharyngeal swabbing were examined by culture and animal inoculation in the 8 cases with tonsillar findings. The results were negative for tubercle bacilli in 7, positive in one. The one positive was the same as that showing active disease by x-ray.

Discussion by C. Richard Smith, M.D., Los Angeles.

Business Recess

Business Meeting and Election of Officers

Paper No. 86:

The Relation of Deep Roentgen Therapy to Aero-otitis—Francis O'N. Morris, M.D., 211 Cherry Avenue, Long Beach.

While attached to the Air Corps, experimental work was done with irradiation of the eustachian tube tissue in an effort to minimize the grounding of flying personnel with persistent aero-otitis media. The rationale behind radiation therapy is discussed with the two types, namely, radium and deep x-ray, being separated. We used deep x-ray radiation because of the homogeneous dosage to the entire eustachian tube. Our dosage is given with the reason therefor. A discussion of the criteria or indication for such therapy for persistent aero-otitis is also given. Three typical case histories and the results are discussed in detail with one case illustrating the importance of ruling out psychoneurosis. Furthermore, a chart is compiled of different patients with their complaints; absence or presence of tonsils and adenoids, nasopharyngoscopic examination, the roentgen dosage, the hearing, and the disposition.

Discussion by Arthur H. Rice, M.D., Berkeley, and Leland Hunnicutt, M.D., Pasadena.

Paper No. 87:

Further Experiences in the Evolution of the Lempert Fenestration Operation: A Preliminary Report—Sylvan S. Goldberg, M.D., 1917 Wilshire Boulevard, Los Angeles.

A short history of Lempert's work and fenestration surgery is given from the beginning up to the present time.

A preliminary report of the author's experiences in an attempt to, first, institute a means of inhibiting bone regeneration. This is attempted by the use of a

Tantalum insert into the window in the labyrinth and, second, by the use of depressing doses of Anti-Reticular Cytotoxic Serum—the so-called Russian Serum.

A preliminary report on the author's experience in attempting to reduce the prolonged postoperative discharge by the construction of a modified Panse flap is described.

Discussion by Howard House, M.D., Los Angeles.

Paper No. 88:

Repair of Post-auricular Fistula Through the Endaural Approach—Howard House, M.D., 1136 West Sixth Street, Los Angeles.

A motion picture.



V

ANESTHESIOLOGY SECTION

CHARLES J. BETLACH, M.D., *Chairman*
3326 Calle Noguerra, Santa Barbara

JOHN A. STILES, M.D., *Secretary*
Stanford University Hospital, San Francisco

First Meeting—First Half

In Ball Room, at South End of North-South Galeria
Wednesday, May 8, 1:30 p.m.

Ball Room

Joint Meeting With Section on General Surgery

Paper No. 57:

Physiology of Traumatic Reflexes and Respiration During Surgical Anesthesia: Quantitative and Pneumographic Studies Under Pentothal and Local Nerve Block—James C. McCann, M.D., Worcester, Massachusetts.

This study is based on the hypothesis that anesthesia under sodium pentothal establishes in the human the basic experimental condition of "functional decerebration." Reflex arcs to the infracerebral nerve centers are preserved intact during surgical planes of anesthesia. This permits accurate physiological observations of the reflex stimulation of respiration by surgical pain stimuli. Studies of the rate of utilization of pentothal in general surgery revealed that the major factor determining the quantitative use of pentothal was the intensity of the reflex stimulation of the respiratory center by surgical trauma. The pain impulses have been interrupted strategically with direct procaine nerve block, and the rate of utilization of pentothal sharply reduced. Clinical observations were made of specific reflex respiratory responses to trauma from segmental areas of the body (cervical, thoracic, lumbar, sacral) with pneumograms. Demonstration of the segmental specificity of different types of reflex respiratory response was thus established. Counterproof of their specificity and character was accomplished by blocking out the specific areas with procaine nerve block and repeating the pneumograms. Thus in the human an experimental study of the physiology of surgical anesthesia has been made. The results appear to be of significance whatever the anesthetic agent used.

Recess

Second Half

Conference Room No. 4, on Mezzanine Floor,
off North Galeria

Paper No. 89:

Chairman's Address—Acute Pulmonary Edema During Anesthesia—Charles J. Betlach, M.D., 3326 Calle Noguerra, Santa Barbara.

A case of acute pulmonary edema during anesthesia and surgery reported with a discussion of possible contributing factors.

Discussion by Ernest H. Warnock, M.D., Santa Barbara.

Paper No. 90:

Observations in Patients Undergoing Prolonged Anesthetic Procedures—Thomas A. Broderick, M.D., 2152 Bay Street, San Francisco.

Deals with the sequence of anesthetic agents used in prolonged surgical cases in an Army General Hospital; the support of these patients by parenteral therapy, and the indications for such support. The immediate post-anesthetic period and its management.

Discussion by William B. Neff, M.D., San Francisco.

Paper No. 91:

Regional Anesthesia for Emergency Surgical Procedures—Charles F. McCuskey, M.D., 1561 Puebla Drive, Glendale.

The choice of anesthesia for emergency operations where shock is a preoperative factor, must be based on the effects of the anesthetic agent and method on the pre-existing shock. For many conditions, regional anesthesia alone or combined with inhalation or intravenous anesthesia, offers the patient the widest margin of safety.

Discussion by John Grimm, M.D., Santa Monica.



Second Meeting

Thursday, May 9, 1:30 p.m.

Meeting Room: Conference Room No. 4, on Mezzanine Floor, off North Galleria

Paper No. 92:

Parenteral Fluid Therapy During Prolonged Surgery—Gordon C. Langsdorf, M.D., 210 Medico-Dental Building, San Diego.

The administration of blood, plasma, and other fluids during prolonged surgical procedures is discussed. Observations are based on experience with anesthesia during reconstructive operations at a military hospital during the recent war.

Discussion by Captain William Bishop (MC), Pasadena Regional Hospital, Pasadena.

Paper No. 93:

Anesthesia for the Chronic Poliomyelitis Patient—Neil H. Lewis, M.D., 212 North Wilton Place, Los Angeles.

Three hundred fifty anesthetics on chronic or "old" poliomyelitis patients are reviewed. Because of respiratory muscular weakness the patient must be examined carefully preoperatively. His premedication should be minimal. The anesthetic should be of a respiratory stimulating type such as gas-ether. Intravenous Sodium Pentothal for minor procedures may also be used with oxygen by mask.

Discussion by Harvey E. Billig, M.D., Los Angeles.



Business Recess

Business Meeting and Election of Officers

Paper No. 94:

Nitrous Oxide Anesthesia with Curare Relaxation—William B. Neff, M.D., and Edward C. Mayer, M.D., Stanford University Hospital, San Francisco.

Nitrous oxide with oxygen in atmospheric proportions or higher and combined with curare to provide relaxation may afford good anesthesia. The safety of the technique depends upon the anesthetist's knowledge of the problems of ventilation which are discussed.

Discussion by Bruce Anderson, M.D., Oakland.

Paper No. 95:

Spinal Anesthesia and Obstetrics—David N. Treweek, M.D., 1112 North La Cienega, Los Angeles.

The advantages of small dosages of spinal anesthetic agents in obstetrical cases at term.

Discussion by A. J. Wineland, M.D., Los Angeles.



VI

DERMATOLOGY AND SYPHILOLOGY SECTION

CLEMENT E. COUNTER, M.D., *Chairman*
117 East Eighth Street, Long Beach

CHARLES J. LUNSFORD, M.D., *Vice-Chairman*
3115 Webster Street, Oakland

ARTHUR FLETCHER HALL, M.D., *Secretary*
710 Wilshire Boulevard, Santa Monica

First Meeting

Thursday, May 9, 9:30 a.m.

First Half

Meeting Room: Conference Room No. 1, on Mezzanine Floor, off North Galleria

Joint Meeting with Section on Public Health

SYMPOSIUM ON SYPHILIS

(Round Table Discussion)

Paper No. 96:

Moderator: J. R. Scholtz, M.D., formerly Lt. Col., A.U.S., M.C., Chief of Dermatology Branch, Office of Air Surgeon, Hdq., A.A.F.

Paper No. 97:

Thomas H. Sternberg, M.D., formerly Lt. Col. (MC), A.U.S., Chief of V.D. Control Div., Office of Surgeon General.

Paper No. 98:

Robert Dyar, M.D., formerly Lt. Col. (MC), A.U.S., Chief of V.D. Control, Office of Air Surgeon, Hdq., A.A.F.

Public Health Implications of Modern Treatment. The public health implications in the newer methods of treatment of venereal disease, such as changes in the public attitude towards syphilis, increased likelihood of reinfection, "masked" infections, etc., will be discussed.

Paper No. 99:

Hiram Newton, M.D., formerly Commander (MC), U.S.N.R., 1203 Bank of America Building, San Diego.

There are advantages and disadvantages in the penicillin treatment of syphilis. These have to do with time lost by the patient in treatment; expense to the patient for treatment; Public Health aspects, and the question of efficiency.

Paper No. 100:

Rapid Treatment of Early Syphilis with Combined Penicillin, Mapharsen, Bismuth—John F. Flynn, Jr.,

M.D., Medical Officer in Charge, Los Angeles County Rapid Treatment Center, Los Angeles.

A presentation of the use of combined Penicillin, Mapharsen, and Bismuth in the rapid treatment of early syphilis as developed in the Rapid Treatment Center program of the U. S. Public Health Service. Treatment methods, reactions to treatment, post-treatment follow-up of patients, and treatment results available to date will be reviewed.

Paper No. 101:

Penicillin in the Treatment of Late Syphilis—C. Russell Anderson, M.D., 1930 Wilshire Boulevard, Los Angeles.

The present status and possible future use of penicillin in the treatment of late syphilis will be discussed.



Second Meeting

Meeting Room: Conference Room No. 2, on Mezzanine Floor, off North Galeria

Thursday, May 9, 1:30 p.m.

Joint Meeting With Section on Public Health

SYMPOSIUM ON UNTOWARD EFFECTS OF ATABRINE

Paper No. 102:

Atabrine Dermatitis—Thomas W. Nisbet, M.D., 65 North Madison Avenue, Pasadena.

A brief clinical description of cutaneous manifestations occurring in troops in the Southwest Pacific area following the prolonged administration of atabrine. Kodachrome lantern slides illustrating the various types of eruptions will be shown. Dr. Nisbet will present the general orientation on the subject.

Paper No. 103:

Atabrine Dermatitis and Associated Aplastic Anemia—James R. Drake, M.D., 490 Post Street, San Francisco, and Capt. Henry D. Moon (MC), A.U.S.

Part I: A brief clinical and histopathological description of three types of cutaneous reaction to atabrine as seen in Army general hospitals; a discussion of etiology and treatment of atabrine dermatitis.

Part II: Seventeen cases coming to autopsy are discussed, presenting skin lesions, aplastic anemia and/or acute yellow atrophy of the liver. Hematologic findings are tabulated.

Paper No. 104:

Atypical Lichenoid Dermatitis Due to Atabrine—Richard O. Pfaff, M.D., Medico-Dental Building, San Jose.

This paper will consist of a brief résumé of the dermatologic aspects of dermatitis due to atabrine, with special references to the Lichenoid type.

Paper No. 105:

Untoward Effects of Atabrine—Albert G. Bower, M.D., 60 S. Grand Avenue, Pasadena.



Third Meeting

Meeting Room: Conference Room No. 9, on Mezzanine Floor, off North Galeria

Friday, May 10, 9:00 a.m.

Paper No. 106:

Tropical Acne—Frederick G. Novy, Jr., M.D., 2938 McClure Street, Oakland.

This paper deals with what turned out to be one

of the most common and serious dermatological problems in Navy personnel. One hundred consecutive cases returning from overseas because of this condition are analyzed.

Discussion by W. W. Deumling, Comdr. (MC), U.S.N.R., San Diego, and Herman Allington, M.D., Oakland.

Paper No. 107:

Cheese Mite Dermatitis—Harold C. Fishman, M.D., 2007 Wilshire Boulevard, Los Angeles.

A case is reported and illustrated with lantern slides. This is believed to be the first case reported of American origin and from American made cheese.

Discussion by Frances A. Torrey, M.D., San Francisco.



Business Recess

Business Meeting and Election of Officers

Paper No. 108:

Skin Manifestations of Rheumatic Fever—George C. Griffith, M.D., Postgraduate School of Medicine, University of Southern California, Los Angeles.

This paper reports the skin lesions in more than 10,000 cases of rheumatic fever. Dermatologic manifestations regarded as definitely related, and those regarded as coincidental are differentiated and discussed.

Discussion by J. R. Scholtz, M.D., Los Angeles.

Paper No. 109:

Cutaneous Reactions to Penicillin—Ben A. Newman, M.D., 1242 Hipoint Street, Los Angeles.

This paper reports and considers dermatologic manifestations of sensitization to penicillin administered by injection, ingestion and topical application.



VII

INDUSTRIAL MEDICINE AND SURGERY SECTION

JOHN E. KIRKPATRICK, M.D., *Chairman*
516 Sutter Street, San Francisco

RICHARD J. FLAMSON, M.D., *Vice-Chairman*
523 West Sixth Street, Los Angeles

KEENE O. HALDEMAN, M.D., *Secretary*
350 Post Street, San Francisco

Section Aides:

JOHN D. BALL, M.D., Santa Ana
BENJAMIN M. FREES, M.D., Los Angeles

First Meeting

Tuesday, May 7, 1:30 p.m.

Meeting in Ball Room—At South End of North-South Galeria

Joint Meeting with Section on General Surgery

PANEL DISCUSSION ON SURGERY OF THE HAND

Chairman of Panel: Sterling Bunnell, M.D.

(See Papers 52-56)

Anatomy of the Hand, with Emphasis on the General Mechanism and Special Emphasis on the Finger Mechanism, and Influence of Muscles in Fractures of the Hand—Jacob Janzen, M.D., 312 North Boyle Avenue, Los Angeles.

Primary Treatment of Open Wounds of the Hand—John E. Kirkpatrick, M.D., 516 Sutter Street, San Francisco.

Infection of the Hand with Evolution of Chemotherapy—Joseph H. Boyes, M.D., 1401 South Hope Street, Los Angeles.

Amputation of the Hand and Fingers—Vernon P. Thompson, M.D., 860 South Hudson, Los Angeles.

Treatment and Prevention of Stiff Joints of the Hand and Fingers, Including Trophic Disorders—Major Donald Pratt (MC), Dibble General Hospital, Menlo Park.

General discussion.

Second Meeting

Wednesday, May 8, 1:30 p.m.

Meeting Room: Conference Room No. 8, on Mezzanine Floor, off North Galería

Paper No. 110:

Sciatic Neuritis—The Pronation Syndrome: A Different Cause and Treatment—Laurence Jones, M.D., 9615 Brighton Way, Beverly Hills.

Twenty-six cases of sciatic neuritis, all seen within the last two and one-half years will be reported. All save one were successfully treated by a simple conservative nonoperative method. This will be described and five illustrative case histories given. All have been closely followed and there have been no recurrences to date.

Discussion by O. W. Jones, Jr., M.D., San Francisco and R. B. Raney, M.D., Los Angeles.

Paper No. 111:

Psychiatric Aspects of Industrial Accidents—Arthur J. McDowell, M.D., 870 Market Street, San Francisco.

Psychiatric evaluation of industrial accident casualties, as a group, establishes the presence of personality deficiencies antedating the accident.

Traumatic neurosis following minor trauma in such cases is, at most, but an aggravation of a pre-existing weakness, not permanent and not totally disabling. The cause and effect relationship should be made undeniably clear.

General discussion.

Business Recess

Business Meeting and Election of Officers

Paper No. 112:

A Discussion of Wound Metabolism—John L. Gallagher, M.D., 233 A Street, San Diego.

Whenever a serious traumatic injury occurs to an area of the body there follows a disturbance of the local cellular metabolism and of the general body metabolism to a degree depending upon the extent of the injury, the nature of the after care and other conditions. A study of the various types of wounds is made from the metabolic viewpoint, its influence on the treatment of the wound and the general condition of the patient. (With slides.)

Discussion by William S. Kiskadden, M.D., Los Angeles, and James B. Johnson, M.D., Los Angeles.

Paper No. 113:

Mechanics of the Shoulder Joint—Verne T. Inman, M.D., University of California Hospital, San Francisco, and John B. de C. M. Saunders, M.D., University of California Hospital, San Francisco.

In order to establish a rational basis for the surgery of the shoulder joint exhaustive studies have been carried out on its mechanism. A brief discussion of scapulo-humeral rhythm and its relationship to that of the clavicle together with its clinical significance will be taken up.

General discussion.

Paper No. 114:

Rehabilitation of the Industrially Injured—John J. Loutzenheiser, M.D., 350 Post Street, San Francisco.

Medicine is charged with a continuing responsibility for the accomplishment of the physical and psychic rehabilitation of the industrial injured. This obligation is not met by casual use of physical therapy and occupational therapy. The need for and function of a Rehabilitation Unit or Center is emphasized.

Discussion by Francis M. McKeever, M.D., Los Angeles, and Vernon P. Thompson, M.D., Los Angeles.



VIII

NEUROPSYCHIATRY SECTION

Meeting Room: Conference Room No. 4, on Mezzanine Floor, off North Galería

HERBERT E. CHAMBERLAIN, M.D., Chairman
P. O. Box 933, Sacramento

ARTHUR R. TIMME, M.D., Secretary
1930 Wilshire Boulevard, Los Angeles

Section Aides:

KARL VON HAGEN, M.D., Los Angeles
EDWARD TWITCHELL, M.D., San Francisco

First Meeting

Wednesday, May 8, 9:00 a.m.

Paper No. 115:

The Anxiety States and Their Treatment—Cullen W. Irish, M.D., 1930 Wilshire Boulevard, Los Angeles.

Anxiety reactions usually result from long continued or acute excessive stresses. Adequate psychotherapy is the basic effectual therapeutics, enhanced by correction of physical dysfunctions and promotion of proper metabolism and general physical well-being.

Discussion by Forrest N. Anderson, M.D., Los Angeles.

Paper No. 116:

Indications for the Use of Electroshock Treatment in Out-Patients—Byron Stewart, M.D., 9629 Brighton Way, Beverly Hills.

Many patients can be adequately treated by electroshock as out-patients. There are indications and contraindications for this procedure outside the financial saving through avoidance of sanitarial confinement.

Discussion by Clarence W. Olsen, M.D., Los Angeles.

Paper No. 117:

Psychoneurosis Based on Organic Ailment Cured by Electric Shock Therapy—D. R. Sears, M.D., 25 Twenty-fifth Avenue, San Mateo.

From a series of seven thousand electric shock treatments, it was found in reactive depressions, resulting from organic disability, usually typified by hypochondriasis, excellent results were obtained by electric shock therapy. Three such cases are presented.

Discussion by George Johnson, M.D., San Francisco, and Ernest G. Lion, San Francisco.

Paper No. 118:

Experimental Reproduction of Specific Wave Patterns in Electroencephalography—Clemson Marsh, M.D., White Memorial Hospital, Los Angeles.

The wave patterns in the electroencephalogram are the result of a mixture of frequencies of varied potential arising in the nuclear masses of the brain. These patterns are recorded without specific indication as to their exact source. By the experimental reproduction of the various wave types the separate components of each wave may be analyzed.

Discussion by H. Sjaardema, Ph.D. (by invitation).

Paper No. 119:

Glancing Gunshot Wounds of the Skull: A Point of Reference for Discussion of Cerebral Localization and Function—Hans von Briesen, M.D., 1930 Wilshire Boulevard, Los Angeles.

Several cases illustrate local loss of reception from and expression to the environment. They are utilized with diagrams and brain sections to explain cerebral localization and function. The Concept of Mind per se is questioned by implication. Lantern slides.

Discussion by J. M. Nielsen, M.D., Los Angeles.



Second Meeting

Thursday, May 9, 1:30 p.m.

Meeting Room: Conference Room No. 5, on Mezzanine Floor, off North Galeria

Paper No. 120:

Chairman's Address—Some Features of Psychiatric Practice in Postwar Medical Care Planning—Herbert E. Chamberlain, M.D., P. O. Box 933, Sacramento.

Factors which influence the acceptance, application and extension of psychiatric practice as related to wartime effort and postwar planning are briefly presented. An outline for community wide orientation is offered.



Business Recess

Business Meeting and Election of Officers

Paper No. 121:

The Value of the Rorschach Test in Psychiatric Diagnosis and Prognosis—Charlotte Buhler, Ph.D., 916 South Westlake Avenue, Los Angeles (by invitation).

In spite of many problems that the use of the Rorschach method still offers, we can notice a continuous progress in its successes. The main problems lie in the complexity of the method and in the difficulty to establish sufficiently reliable objective standards for prognosis of interpretation of results. Successful attempts are being made to overcome these difficulties. Author will report about the present status of her own standardization work and will evaluate the diagnostic and prognostic possibilities of this test.

Discussion by George N. Thompson, M.D., Los Angeles.

Paper No. 122:

Convulsions as a Protective Phenomenon—Eugene Ziskind, M.D., 2007 Wilshire Boulevard, Los Angeles.

Muskens thought that convulsions served a protective function which was to detoxify the organism. This concept is subjected to experimental verification. Animals were given alcohol. Half of the specimens received convulsions; and other half were controls. Blood alcohol and behavior notations were recorded.

Discussion by Henry Newman, M.D., San Francisco; Robert B. Aird, M.D., San Francisco; and Samuel D. Ingham, M.D., Los Angeles.

Paper No. 123:

Babinski's Reflex—Robert Wartenberg, M.D., University of California Hospital, San Francisco.

Methods of elicitation and physiologic interpretation. A critical review on the occasion of the 50th anniversary of its discovery, February 22, 1896. (Lantern slides.)

Discussion by A. R. Timme, M.D., Los Angeles.



IX

PATHOLOGY AND BACTERIOLOGY SECTION

R. H. OSBORNE, M.D., *Chairman*
312 North Boyle Avenue, Los Angeles

JOHN J. HAWTHORNE, M.D., *Secretary*
3698 California Street, San Francisco

H. A. EDMONDSON, M.D., *Assistant Secretary*
1200 North State Street, Los Angeles

Section Aides:

C. S. SMALL, M.D., Loma Linda
A. A. KOSKY, M.D., Santa Monica

First Meeting—First Half

Wednesday, May 8, 9:00 a.m.

Meeting Room: Conference Room No. 1, on Mezzanine Floor, off North Galeria

Joint Meeting With Sections on Obstetrics and Gynecology and Pediatrics

SYMPOSIUM ON THE RH FACTOR

(See Papers 69-73)

First Meeting—Last Half

Meeting Room: Conference Room No. 5, on Mezzanine Floor, off North Galeria

Paper No. 124:

The Diagnosis of Sarcoidosis—William H. Carnes, M.D., Stanford University School of Medicine, San Francisco.

Sarcoidosis should be considered in the differential diagnosis of all cases of chronic painless lymphadenopathy whether there are demonstrable lesions of the skin, bones and lungs or not. The diagnosis is not established by pathological examination alone but only in conjunction with the appropriate clinical and bacteriological evidence to eliminate other granulomatous infections.

Discussion by David A. Wood, M.D., San Francisco.

Paper No. 125:

Hydatidiform Mole and Theca Lutein Cysts—Jesse L. Carr, M.D., University of California School of Medicine, San Francisco.

A short case report.

Discussion by A. M. Moody, M.D., San Francisco.

Paper No. 126:

Asphyxial Death Secondary to Bronchial Occlusion Caused by Cryptococcus Neoformans—A. M. Moody, M.D., 631 O'Farrell Street, San Francisco.

This presentation will include the clinical and pathological aspects of Pulmonary Cryptococcosis in a Mexican male who died from asphyxiation. Lantern slides will be shown.

Discussion by Edward M. Butt, M.D., Los Angeles.

Paper No. 127:

Nomenclature in a General Tumor Registry—Isabella H. Perry, M.D., University of California School of Medicine, San Francisco.

For the analysis of compiled case records mechanical sorting by punch cards is the only practical method. Only by agreement on a common nomenclature for Tumor Registries can information be pooled; and constructive comparisons made between recording groups.

Discussion by Paul Michael, M.D., Oakland, and Lyell C. Kinney, M.D., San Diego.

Paper No. 128:

Methanol Poisoning—Emil Bogen, M.D., Olive View.

The variety of sources from which this poisoning may arise, the difficulties in its prevention, the frequency of imbibition of small amounts of methanol without toxic effects other than those of ordinary alcohol, and the rationale of recently suggested therapeutic measures will be presented on the basis of half a dozen clinic outbreaks and some animal experimentation.

Paper No. 129:

Comparative Roentgenographic and Microscopic Patterns in Bone Sarcomas—Ian MacDonald, M.D., 2007 Wilshire Boulevard, Los Angeles.

The variability of the Roentgenologic findings in bone sarcomas is accounted for by certain fundamental processes which occur in neoplasms of bone. Illustrated by slides.

Discussion by John W. Budd, M.D., Los Angeles.

Second Meeting

Thursday, May 9, 9:00 a.m.

Meeting Room: Conference Room No. 4, on Mezzanine Floor, off North Galeria

Paper No. 130:

Chairman's Address—Granular Cell Myoblastoma—R. H. Osborne, M.D., 312 North Boyle Avenue, Los Angeles.

A partial review of the literature and case reports will be presented.

Paper No. 131:

Congestive Splenomegaly (Banti's Syndrome) Due to Portal Stenosis—Case Report and Notes—Dennis S. Shillam, M.D., Children's Hospital, Los Angeles.

Discussion by L. J. Tragerman, M.D., Los Angeles.

Paper No. 132:

The Effect of High and Low Protein Diets on the Toxic Effects of Sulfathiazole—Ralph Knutti, M.D., Children's Hospital, Los Angeles.

Under the conditions of the experiments, rats on high protein diets survived doses of sulfathiazole that uniformly killed partially protein depleted rats.

The major lesions are discussed, as are the possible mechanisms. (With slides.)

Discussion by Ralph E. Homann, Jr., M.D., Los Angeles.

Paper No. 133:

Genitomammary Paraffinoma In the Male—Albert F. Brown, M.D., 318 North Central Avenue, Glendale, and Eugene J. Joergenson, M.D., 632 North Brand Boulevard, Glendale.

This is a report of subcutaneous oil tumors in bizarre locations.

Discussion by William O. Russell, M.D., Santa Barbara.



X

PEDIATRIC SECTION

CHARLES W. LEACH, M.D., *Chairman*
2000 Van Ness Avenue, San Francisco

CHESTER I. MEAD, M.D., *Secretary*
1930 Truxton Avenue, Bakersfield

ALICE I. POTTER, M.D., *Assistant Secretary*
2990 Jackson Street, San Francisco

Section Aides:



First Meeting, Wednesday, May 8, 9:00 a.m.

Meeting Room: Conference Room No. 1, on Mezzanine Floor, off North Galeria

Joint Meeting with Sections on Obstetrics and Gynecology and Pathology and Bacteriology

SYMPOSIUM ON THE RH FACTOR

(See Papers 69-73)

Moderator: Charles W. Leach, M.D., San Francisco.

Obstetrics—Philip A. Reynolds, M.D., 1930 Wilshire Boulevard, Los Angeles.

Presenting the problem as it applies to the obstetrician.

Hematology and Treatment—Madeleine A. Fallon, M.D., 1930 Wilshire Boulevard, Los Angeles.

The management of the erythroblastic infant.

Pathology—Roy W. Hammack, M.D., 657 South Westlake Avenue, Los Angeles.

The pathological changes in erythroblastosis.

Serology—Roy Fisk, Ph.D., Huntington Memorial Hospital, Pasadena. (By invitation).

The blood findings in erythroblastosis.

Questions to be submitted to the Moderator in writing during the meeting.



Second Meeting

Wednesday, May 8, 1:30 p.m.

Meeting Room: Conference Room No. 8, on Mezzanine Floor, off North Galeria

Paper No. 134:

Neurological Complications from Treatment with Rabies Vaccine in Cases Seen at the Los Angeles General Hospital—F. Hamilton Redewill, Jr., M.D., 235 North Greenleaf Avenue, Whittier, and Laurence J. Underwood, M.D., 2651 East Slauson Avenue, Huntington Park.

This paper will include a review of literature with a report on 6 cases seen on the contagious disease unit of the Los Angeles General Hospital covering the last five years—with a discussion of the vaccine treatment and methods against rabies.

Discussion by Paul Hamilton, M.D., San Marino, and Albert G. Bower, M.D., Pasadena.

Paper No. 135:

The Responsibility of the Pediatrician in the Orthodontic Problem—Francis M. Pottenger, Jr., North Canyon Boulevard, Monrovia.

This paper will deal with some of the fundamental causes of facial deformity, and ways and means of helping patients to avoid them. It will be illustrated with lantern slides showing early evidence of developing dental deformities. It will also include a discussion of dental deformity in relation to damage in other osseous structures. (With slides.)

Discussion by Dr. Cecil C. Steiner, Los Angeles (by invitation).

Paper No. 136:

Eczema in Infants and Children—Leon Z. Wolpe, M.D., 8706 Wilshire Boulevard, Beverly Hills.

This paper will deal with new observations on protein deficiency occurring in the course of infantile eczema illustrated with slides.

Discussion by Nelson Paul Anderson, M.D., Los Angeles.

Paper No. 137:

Congenital Adrenal Cortical Insufficiency with Macrogenitosomia—H. E. Thelander, M.D., 384 Post Street, San Francisco.

A case of congenital adrenal cortical insufficiency (Addison's disease) has been followed over a period of six years and to the time of death, November, 1945. This child showed the classical syndrome of adrenal cortical insufficiency combined with androgen hyperproduction, resulting in acceleration of the bone age and the physical growth as well as sexual precocity. His mental development was normal. His death was due to measles with convulsions. (With slides.)

Discussion by William C. Deamer, M.D., San Francisco.

Paper No. 138:

Observations on an Epidemic of Diphtheria—William A. Reilly, M.D., 450 Sutter Street, San Francisco.

This paper deals with Army experience in Sicily in 1943-44 with 216 patients admitted to hospital care with sore throat and positive virulent cultures for diphtheria bacilli. Eighty-one had typical membranous lesions and 116 had follicular tonsillitis or pharyngitis. Many hundreds of contacts were cultured daily. There were some with skin lesions.

Extensive testing was done by tellurite media for cultures, sugars for fermentation, guinea pigs for virulence and Schick test for immunity.

There were 27 non-immune cases of active diphtheria; 19 received antitoxin with one complication of myocarditis and eight did not receive antitoxin.

Cases were seen early and adequately treated with antitoxin—50,000 to 100,000 units. There was one death and 3 complications of myocarditis and 3 of peripheral neuritis.

Sulfonamides were used to treat 5 with active disease, 4 of whom seemed to respond fairly well.

Healthy carriers carried for 8 days on the average, those with upper respiratory infections for 7

days and those with diphtheritic disease for an average of 21 days. Persistence of virulence was slightly shorter.

The epidemic was complicated by the necessity for moving carriers internationally. Other problems are discussed.



Business Recess

Business Meeting and Election of Officers

Paper No. 139:

Acute Osteomyelitis in Children—Treatment and Results Obtained—Samuel S. Mathews, 327 East Regent Street, Los Angeles.

A review of the cases of osteomyelitis at the Children's Hospital in Los Angeles with special reference to treatment. There will be special emphasis on the present management of acute hematogenous osteomyelitis in children.

Discussion by J. D. Lyttle, M.D., Los Angeles.



XI

RADIOLOGY SECTION

JAMES B. IRWIN, M.D., *Chairman*
1831 Fourth Avenue, San Diego

GORDON G. KING, M.D., *Secretary*
Children's Hospital, San Francisco

First Meeting

Wednesday, May 8, 1:30 p.m.

Meeting Room: Conference Room No. 9, on Mezzanine Floor, off North Galeria

Paper No. 140:

Treatment of Carcinoma of the Breast at Stanford Hospital—Evelyn Siris, M.D., and Leonard Dobson, M.D., Clay and Webster Streets, San Francisco.

This paper is an analysis of 375 cases of breast carcinoma seen and followed in the Stanford University Hospital Tumor Clinic between 1926 and 1945. It includes cases treated by (1) surgery only; (2) radiation only; (3) preoperative irradiation; and (4) postoperative irradiation.

Discussion by Leo M. Levi, M.D., and O. N. Meland, M.D., Los Angeles.

Paper No. 141:

Simultaneous Radiographic and Gastroscopic Examination of the Stomach—Carlton L. Ould, M.D., and Morris E. Dailey, M.D., Third Avenue and Parnassus, San Francisco.

Radiograms were taken while the gastroscopist was visualizing important landmarks in the stomach. The radiograms were studied in an effort to understand the several factors influencing the changes in the gastric mucosa, both radiographically and gastroscopically. The blind areas in the stomach were also studied. Several interesting and helpful conclusions were drawn.

Discussion by Rudolf Schindler, M.D., Los Angeles.



Business Recess

Business Meeting and Election of Officers

Paper No. 142:

Röntgen Therapy of Benign Bone Cysts—Clayton R. Johnson, M.D., 301 East Hadley Street, Whittier.

Case reports showing response to x-ray therapy.

Discussion by Vernon P. Thompson, M.D., Los Angeles, and Ian MacDonald, M.D., Los Angeles.

Paper No. 143:

Roentgenology of Chronic Mastoiditis and Clinical Significance of Roentgen Findings—Harold A. Fletcher, M.D., 1010 B Street, San Rafael, and Frank S. Windholz, M.D., 350 Post Street, San Francisco.

Roentgen anatomy and pathology, technique of roentgen demonstration of the middle ear and of adjacent structures of the mastoid are presented. Cholesteatoma suppuration, destructive bone changes associated with it, and their identification on radiographs are presented in detail.

Discussion by G. R. Owen, M.D., Los Angeles.

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Meeting of Pacific Roentgen Society

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Second Part of Program

Ball Room, at the South End of the North-South Galleria

Wednesday, 1:30 p.m.

Joint Meeting with Section on General Surgery

PANEL DISCUSSION OF CARCINOMA OF THE STOMACH

Chairman of Panel: Thomas F. Mullen, M.D.

(See Papers 60-65)

What Can the Internist Do to Get More Early Cases to the Surgeon?—Clayton D. Mote, M.D., 384 Post Street, San Francisco.

The Place of Gastroscopy in the Early Diagnosis of Cancer of the Stomach—Rudolf Schindler, M.D., 1052 West Sixth Street, Los Angeles.

Early Signs of Gastric Carcinoma as Demonstrated by the X-ray—Kenneth S. Davis, M.D., St. Vincent's Hospital, Los Angeles.

What Are the Recent Advances Made in the Surgical Treatment of Cancer of the Upper End of the Stomach?—Gunther Nagel, M.D., 2000 Van Ness Avenue, San Francisco.

What Are the Results of the Surgical Treatment of Cancer of the Stomach, and What Is the Place and Value of Palliation?—George T. Pack, M.D., 139 East 36th Street, New York City.

General Discussion. Questions to be passed in to the Moderator in writing, who will audit the same and distribute to the appropriate members of the panel.

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Second Meeting

Ball Room, at the South End of the North-South Galleria

Thursday, May 9, 9:00 a.m.

Joint Meeting with Sections on General Surgery and General Medicine

PANEL DISCUSSION ON PULMONARY SUPPURATION

Co-Moderators: Reginald Smart, M.D., 1136 West Sixth Street, Los Angeles, and Emile Holman, M.D., Stanford University Hospital, San Francisco.

(See Papers 22-26)

Robert R. Newell, M.D., Stanford University Hospital, San Francisco.

Sidney Shipman, M.D., 490 Post Street, San Francisco.

Stephen Dolley, M.D., 1930 Wilshire Boulevard, Los Angeles.

Paul C. Samson, M.D., 805 Highland Avenue, Piedmont.

This is to be a joint panel with members of the Sections on Radiology, Medicine, and Surgery participating. It is to be a discussion of a group of representative cases illustrating the various common types of pulmonary suppuration, with a consideration of diagnosis and treatment—both medical and surgical.

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Second Part of Program

PANEL DISCUSSION ON PHLEBOTHROMBOSIS AND ITS MEDICAL AND SURGICAL MANAGEMENT

(See Papers 27-31)

Moderator: C. J. Berne, M.D., Los Angeles. He will open the discussion.

Phlebothrombosis and Thrombophlebitis—Introductory Comment—C. J. Berne, M.D., 1136 West Sixth Street, Los Angeles.

Venography, Advantages and Limitations—Earl R. Miller, M.D., University of California Hospital, San Francisco.

A Discussion of the Physiological Aspects and Laboratory Control of the Clotting Mechanism—Roy Hammack, M.D., 657 South Westlake Avenue, Los Angeles.

The Use of Anticoagulants Heparin and Dicumarol—Salvatore P. Lucia, M.D., University of California Hospital, San Francisco.

The Physical Management of Phlebothrombosis and Thrombophlebitis—Leon Goldman, M.D., and Stanley G. Johnson, M.D., University of California Hospital, San Francisco.



XII

UROLOGY SECTION

DUDLEY P. FAGERSTROM, M.D., *Chairman*

710 Medico-Dental Building, San Jose

FRANKLIN FARMAN, M.D., *Secretary*

727 West Seventh Street, Los Angeles

Section Aides:

JESSE L. BROCKOW, M.D., Los Angeles

BURTON K. BROCK, M.D., Los Angeles

First Meeting

Tuesday, May 7, 1:30 p.m.

Meeting Room: Conference Room No. 7, on Mezzanine Floor, off North Galleria

Joint Meeting with Section on Obstetrics and Gynecology

Paper No. 66:

Pyelitis in Pregnancy—W. Dayton Clark, M.D., Stanford University Hospital, San Francisco.

(a) Physiological changes in urinary tract during pregnancy; (b) the clinical disease entity, including bacteriology, pathology, and radiographic findings; (c) treatment: Preventive, ambulatory, hospital, during labor and puerperium. Termination of pregnancy. Methods of delivery at term; (d) sequelae and future pregnancies.

Discussion by Paul A. Ferrier, M.D., Pasadena.

Paper No. 67:

Renal Contra-indications to Pregnancy—Thomas E. Gibson, M.D., 450 Sutter Street, San Francisco.

An evaluation of renal factors—both relative and absolute, which are inimical to pregnancy.

Discussion by Tracy O. Powell, M.D., Hollywood.

Paper No. 68:

The Post Partum Bladder—George E. Judd, M.D., 1930 Wilshire Boulevard, Los Angeles, and Frederick A. Bennetts, M.D., 11241 Blix Street, North Hollywood.

In September, 1941, a report was prepared covering the study of the bladder, post-partum, made at the Los Angeles County General Hospital. The study was based upon the cystoscopic and cystometric findings of the post-partum patient. A report of these findings was made in the *American Journal of Obstetrics and Gynecology*, 1941.

Certain questions were raised at that time for further investigation. Some of these have been answered, and additional information has been secured. It is in the interest of the continuation of the study of this phase of Obstetrics and Urology that the paper will be presented.



Second Meeting

Wednesday, May 8, 9:00 a.m.

Meeting Room: Conference Room No. 9, on Mezzanine Floor, off North Galeria

Paper No. 144:

The Use of Penicillin in Non-Gonococcal Infections of the Urogenital Tract—Henry M. Weyrauch, M.D., 384 Post Street, San Francisco.

The value of penicillin in gonococcal infections has been well established. Obscurities still exist as concerns use of drug in non-gonococcal infections of the urogenital tract. Discussion of lesions susceptible to penicillin. Outline of principles of treatment on basis of type of infection and part involved, infecting organism and effective dosage.

Discussion by Carl E. Burkland, M.D., Sacramento, and Robert Burns, M.D., Woodland.

Paper No. 145:

Ureteral Reflux—James Steinberg, M.D., 1052 West Sixth Street, Los Angeles.

Congenital bladder neck obstruction in 14-year-old girl with history of recurrent unexplained attacks of high fever since birth resulting later in syndrome of acute appendicitis which postoperatively proved to be due to right ureteral reflux with chronic cystoscopic and x-ray changes later cured by resection of 4 grams of tissue from bladder neck.

Discussion by A. J. Scholl, M.D., Los Angeles, and James L. Bray, M.D., Los Angeles.

Paper No. 146:

Treatment of Fibrosis of the Corpora Cavernosa—Clyde W. Collings, M.D., 1930 Wilshire Boulevard, Los Angeles.

The fibrous masses largely disappear in twelve to eighteen months. Curvature of penis and painful erections relieved. Satisfactory coitus is restored. Report of five cases. Three of these patients are well five years after receiving treatment, the other two are greatly improved for a lesser period.

Discussion by Miley B. Wesson, M.D., San Francisco, and Cornelius O. Bailey, M.D., Los Angeles.

Paper No. 147:

Excretory Cystograms After Voiding—James R. Dillon, M.D., 490 Post Street, San Francisco.

As a part of excretory urography, valuable diagnostic information on bladder conditions are obtained following the standing films by a cystogram after voiding, in both male and female. Lantern slides illustrating diagnostic points in bladder and lower ureters, with brief case reports.

Discussion by Albert M. Meads, M.D., Oakland, and Milo Ellik, M.D., Long Beach.

Paper No. 148:

Diverticulum of Anterior Urethra: Report of an Acquired Type—Harry A. Zide, M.D., 1911¼ Wilshire Boulevard, Los Angeles.

An acquired diverticulum of the anterior urethra in a 31-year-old male soldier is reported. Only 19 cases have been recorded from 1900 to 1942. The case is discussed from various aspects and lantern slides taken pre and postoperatively will be shown.

Discussion by Dudley P. Fagerstrom, M.D., San Jose, and Ernest E. Kessler, M.D., Los Angeles.

Paper No. 149:

Treatment of Bladder Tumors—Roger W. Barnes, M.D., Russell T. Bergman, M.D., and Carlos L. Turner, M.D., 1216 Wilshire Boulevard, Los Angeles.

A statistical summary of the results of different types treatment of 450 cases of bladder tumors is given. Those treated with radon emanation seeds following both open and closed resection and fulguration of the tumor are compared with those cases which have had no irradiation.

Discussion by Hermon C. Bumpus, M.D., Pasadena, and Gilbert J. Thomas, M.D., Beverly Hills.



Third Meeting

Thursday, May 9, 9:00 a.m.

Meeting Room: Conference Room No. 4, on Mezzanine Floor, off North Galeria

Paper No. 150:

Chairman's Address—Protein Requirements in the Aged Surgical Patient—Dudley P. Fagerstrom, M.D., 710 Medico-Dental Building, San Jose.

A general discussion of protein needs, incidence of deficiency and the value of corrective therapy, as applied particularly to patients undergoing prostatic surgery.

Paper No. 151:

Perineal Testicle—Arthur B. Cecil, M.D., 1136 West Sixth Street, Los Angeles.

A case of perineal testicle is presented. Ectopia of the testicle is discussed. Normal and abnormal migration. Clinical picture. Incidence. Historical review. Treatment.

Discussion by Donald A. Charnock, M.D., Los Angeles, and B. Harry Hager, M.D., Los Angeles.



Business Recess

Business Meeting and Election of Officers

Paper No. 152:

What Part Do the Hypogastric Vessels Play in Ischemia and Stasis of the Pelvic Organs?—Francis H. Redewill, M.D., 526-536 Flood Building, San Francisco.

The largest branches of hypogastric artery are compressed hours each day by sitting posture. Con-

tinuous stasis of uterus and ovaries or prostate and seminal vesicles over periods of many years of occupational recumbency provoke frigidity, disrupted cycles, low back pain, neurasthenia manifestations and hosts of other symptoms.

Discussion by Tom Schulte, M.D., San Francisco, and James Earl Potter, M.D., Palm Springs.

Paper No. 153:

Simplified Prostatic Surgery—Wilson Stegeman, M.D., 534 B Street, Santa Rosa.

The procedure of prostatectomy, with all its ramifications of long preoperative care, complicated operations, long hospitalization, and long postoperative office care could profitably be simplified, for all concerned. Possibly some of our usually complicated methods could be shortened or simplified without sacrificing anything that increases the safety of the patient.

Discussion by Arno G. Folte, M.D., San Francisco, and Carl Rusche, M.D., Hollywood.

Paper No. 154:

Clinical Evaluation of Urologic Problems in 200 Infants and Children—Walter Pritchard, M.D., 575 Fifth Street, San Bernardino.

A review of experience extending over twenty-five years, chiefly within last five years, in urologic problems of infants and children. Incidence of common lesions, suitability of techniques of investigation, results of treatment; and etiologic hypotheses are discussed. Typical case reports to show need of more interest in children's urology.

Discussion by Arthur Varden, M.D., San Bernardino, and Ivan Finkelberg, M.D., San Bernardino.



XIII

PUBLIC HEALTH SECTION

GEORGE M. UHL, M.D., *Chairman*
116 Temple Street, Los Angeles

DWIGHT M. BISSELL, M.D., *Vice-Chairman*
City Hall, San Jose

JOHN J. SIPPY, M.D., *Secretary*
130 South American Street, Stockton

Section Aides:

Meeting Room: Conference Room No. 8, on Mezzanine Floor, off North Galeria

First Meeting

Wednesday, May 8, 9:00 a.m.

Paper No. 155:

Chairman's Address—Does the Public Want Health?

—George M. Uhl, M.D., 116 Temple Street, Los Angeles.

There is much public discussion and clamor in the public press regarding the need for improvement in our existent public health and medical care programs. An analysis of these demands reveals that they are prompted more by the desire for prepayment of medical care than for an actual improvement of the public health, and that there is not full acceptance of public health facilities that are now available.

Suggested procedures for rectifying this condition will be discussed.

Paper No. 156:

Public Health Laboratories in California and Their Service to Physicians—Malcolm H. Merrill, M.D.,

Chief Division of Laboratories, and Deputy Director, California State Department of Public Health, Berkeley.

The State Laboratory and thirty local public health laboratories comprise a closely cooperating organization designed to assist California physicians in the diagnosis of communicable diseases. How this organization functions and the services provided will be described. Specialized diagnostic services offered by the State Laboratory, particularly in the virus field will be noted.

Discussion by H. C. Pulley, M.D., Los Angeles.

Paper No. 157:

Trends in Age Distribution of Childhood Diseases—Elmer M. Bingham, M.D., M.P.H., 130 South American Street, Stockton.

The reported incidence of acute communicable diseases in San Joaquin County is analyzed by five-year periods for 1925-1944, inclusive. During this period, certain diseases have shown a change in age distribution. Diphtheria, poliomyelitis, mumps, and German measles show or suggest a shift to older age groups. Measles, whooping cough, and chickenpox show a shift to younger age groups, in part explained by the local increased birth rate.

Discussion by H. O. Swartout, M.D., D.P.H., Los Angeles.

Paper No. 158:

The Present and Future Advances of Psychiatry in Public Health—Portia Bell Hume, M.D., Director of the Out-Patient Department, The Langley Porter Clinic, San Francisco.

General Plans for preventive psychiatry in California call for:

a. Education of Communities and the medical profession in mental health;

b. Training of psychiatric nurses, social workers, clinical psychologists, occupational therapists, and psychiatrists;

c. Establishment of out-patient clinics for child guidance and for early recognition of mental symptoms;

d. Coördination of the work in existing mental hospitals with education, training and research programs.

Discussion by Lawrence Kolb, M.D., Sacramento.



Second Meeting

Meeting Room: Conference Room No. 1, on Mezzanine Floor, off North Galeria

Thursday, May 9, 9:00 a.m.

Joint Meeting with Section on Dermatology and Syphilology

SYMPOSIUM ON SYPHILIS

(Round Table Discussion)

(See Papers 96-101)



Third Meeting

Meeting Room: Conference Room No. 2, on Mezzanine Floor, off North Galeria

Thursday, May 9, 1:30 p.m.

Joint Meeting with Section on Dermatology and Syphilology

SYMPOSIUM ON UNTOWARD EFFECTS OF ATABRINE

(See Papers 102-105)

Friday, May 10, 9:00 a.m.

Fourth Meeting

Meeting Room: Conference Room No. 2, on
Mezzanine Floor, off North Galeria

Paper No. 159:

Practical Application of Newer Methods in Control of Rodent and Insect Pests—Harold Farnsworth Gray, M.S., Gr. P.H., School of Public Health, University of California, Berkeley. (By invitation.)

There are two new and very potent rodenticides: "Antu," an alpha naphthyl thiourea, and "1080," or sodium fluoroacetate. The new insecticide "DDT" is proving to be successful against fleas, lice, bed bugs, flies, and mosquitoes when correctly applied under appropriate conditions. Two other insecticides of promise are being tested.

Discussion by John C. Dement, M.D., San Francisco.

Paper No. 160:

The Management of the Potential Rheumatic Child—Helen M. Johnson, M.D., Medical Director, Rheumatic Fever Program, State Department of Public Health, San Francisco.

Diagnosis and management of sub-clinical or potential rheumatic fever is a challenge to every clinician. There is no specific test for rheumatic fever. The classical signs and symptoms which make the diagnosis of the full-blown rheumatic clear-cut are absent or minimal in the potential rheumatics, who, nevertheless, may develop heart damage. In a five-year demonstration program, it has been shown that it is necessary to treat a potential rheumatic fever patient as a rheumatic until proven otherwise. By no other approach can rheumatic fever cease to be the third cause of death in this state.

Discussion by Louis E. Martin, M.D., Los Angeles.

Business Recess

Business Meeting and Election of Officers

Paper No. 161:

The California Tuberculosis and Health Association's Contribution to the Health Program of This State—Howard W. Bosworth, M.D., 1301 Chavez Ravine Road, Los Angeles.

This report traces the progress in the control of tuberculosis. The close relationship with C.M.A. in graduate education in tuberculosis, heart disease and public health, the medical coordination and direction of policy and the use for which money is budgeted and spent are explained. Future objectives and means of cooperation between practitioners, public health workers and the Association are discussed.

Discussion by Dwight H. Murray, M.D., Napa.



Agostino Bassi (1773-1856).—A roster of the pioneers in the field of bacteriology would be incomplete without the name of Agostino Bassi. It was he who first showed that silkworm disease is caused by a micro-organism. He was thus a forerunner of Pasteur. The discovery not only led him to conjecture that many diseases were caused by animal or vegetable parasites, but it influenced the scientific thinking of those who came after him—for instance, Schönlein and Henle.—Warner's *Calendar of Medical History*.

OTHER MEETINGS†

CANCER COMMISSION MEETINGS

CANCER COMMISSION

Lyell C. Kinney (Chairman).....	San Diego	1946
Harold Brunn.....	San Francisco	1946
Orville S. Meland (Sec'y, So. Calif.).....	Los Angeles	1946
George Sharp.....	Pasadena	1947
Whitfield Crane (Vice-Chairman).....	Oakland	1947
Gertrude Moore.....	Oakland	1947
Henry J. Ullmann.....	Santa Barbara	1948
David A. Wood (Sec'y, No. Calif.).....	San Francisco	1948
James F. Rinehart.....	San Francisco	1948

Microscopic Tumor Conference

Monday, May 6th, in afternoon

Room 359, Science Building, University of Southern California.

Committee: Paul H. Guttman, Chairman, Sutter Hospital, Sacramento.

John W. Budd, Los Angeles.

David A. Wood, San Francisco.

A. G. Foord, Pasadena.

Reservations for the conference and arrangements for presenting slides at the conference are to be made with Dr. Guttman.

Radiological Conference

Monday, May 6th, 9:30-11:30 a.m.

2:00-5:00 p.m.

Auditorium, California Hospital, 1414 S. Hope Street.

Committee: L. H. Garland, Chairman, San Francisco.

Local Arrangements Committee:

Donald Laing, Chairman, Pasadena.

Wybren Hiemstra, Los Angeles.

Joseph Jellen, Los Angeles.

Conference will consist of diagnostic problems with the presentation of proven cases. There is also to be a symposium on problems in therapeutic radiology.

Reservations may be made with Dr. Laing.

† † †

Monday, May 6, 9:30 a.m. to 11:30 a.m. and

2:00 p.m. to 5:00 p.m.

The annual Radiological Conference of the Cancer Commission will be held on Monday, May 6, 1946, at Los Angeles (Auditorium of the California Hospital, 1414 South Hope Street). The morning session will be from 9:30 to 11:30 and will be devoted to diagnostic problems. The afternoon session will be from 2:00 to 5:00 and devoted largely to therapeutic problems.

Members wishing to present a diagnostic or therapeutic case problem are asked to prepare the material so that it can be distributed amongst the members attending the conference. For example, with a diagnostic problem, positive prints of roentgenograms, sufficient for six separate illuminators are desirable. It is, of course, essential that all cases be pathologically verified.

Please make reservations with Dr. L. H. Garland, Chairman, 450 Sutter, San Francisco 8, California.

Cancer Commission Conference

Thursday, May 9th, 6:30 p.m.

Biltmore Hotel

This will be a dinner meeting with the Commission for members of the Cancer Committees of the County Medical Societies and representatives of approved Cancer Clinics. This will be a round table discussion of problems in cancer control as they appear in the County Medical Society and Cancer Clinics. (See bulletin board.)

CANCER COMMISSION OF C.M.A.

Dinner Meeting, Thursday, May 9, 1946
(Probably in Conference Room 8)

A Joint Conference of C.M.A. Cancer Commission and Cancer Committees of the County Medical Societies and Representatives of Approved Cancer Clinics.

PROGRAM

Dr. Whitfield Crane, Vice-Chairman, Cancer Commission, presiding.

Dr. Philip K. Gilman, President, C.M.A., Chairman of the Council.

Dr. S. J. McClendon, President-Elect, C.M.A., Member California State Board of Health.

Dr. W. L. Halverson, California Director of Public Health,—"Cancer Control in California."

Mrs. Doris Ryer Nixon, State Commander, Field Army, American Cancer Society,—"Program of the Field Army."

Dr. George Pack, Surgeon, Memorial Hospital, New York,—"Cancer Clinics."

Dr. George Sharp, Chairman, Los Angeles County Cancer Committee,—"Education of the Profession in Cancer."

Dr. Leonard G. Dobson, Chairman, Editorial Committee,—"The Cancer Manual of the C.M.A."

Dr. L. C. Kinney, Chairman, Cancer Commission,—"Prevention Clinics";—"The C.M.A. Program in Cancer Control."

* * *

Round Table Discussion

"Needs and Problems in Cancer Control in the County Medical Society and the Cancer Clinic."

California State Board of Public Health Invites Physicians to Attend Meeting on May 8th

As has been the custom, the State Board of Public Health will hold a regular meeting at the time of, and in conjunction with, the meeting of the California Medical Association in Los Angeles on Wednesday, May 8. The Board holds this meeting at the time of the meeting of the Association in order that it may have the advice, comments, suggestions, and criticisms of any of the members of the profession who are interested in the public health program. For meeting room in Hotel Biltmore, see bulletin board or convention program.

Traditionally the California State Department of Public Health has held the philosophy that the medical profession is the overwhelmingly important factor in the maintenance of the public health, and that the Department, working closely with the local departments and the profession, can act as a catalyzing agent to bring about the better utilization of all the factors and forces available.

The relationships between the organized profession and health departments have not always been entirely amicable, but it is my strong belief that, where relationships have not been sympathetic, the most important reason has been that either the health officer or the county society has stood aloof and has not been willing to sympathetically study the problems and interests of the other.

This May meeting, then, presents an opportunity for continuing the relationship which now exists and presents an opportunity for any members of the profession to indicate problems in local areas which they believe should merit the attention and consideration of the Board.

The time and place of the meeting will be conspicuously posted.

Attention is called also to the meetings and programs of the Section on Public Health. It is hoped not only health officers, but that many physicians in general or special practice will attend the meetings of the C.M.A. Section on Public Health.

Benevolence Fund of the Los Angeles County Physicians' Aid Association

Articles concerning the campaign of the Los Angeles County Physicians' Aid Association to raise a fund of Five Hundred Thousand Dollars (\$500,000.00), the proceeds and income of which will be dedicated to aid for needy physicians, have appeared in past issues of the OFFICIAL JOURNAL.

The Los Angeles County Physicians' Aid Association is a nonprofit organization incorporated in 1940. At the present time it is giving aid to some 68 physicians or their dependents.

Through past campaigns, the Los Angeles County Physicians' Aid Association has raised the sum of One Hundred Seventy-eight Thousand Dollars (\$178,000.00) to aid in the work.

The Governing Board has plans to purchase a large acreage on which will be built a country house for dependent doctors, their wives and children. Bungalows with central building for dining, library and entertainment, have received tentative blueprints. These plans are not definite, and it is possible that the money available will be used to create a fund from which cash payments will be made to those who are in need rather than furnishing domiciliary care. Possibly a combination of the two plans will be found most practicable.

The Board of Directors of the Los Angeles County Physicians' Aid Association, which has offices at 1925 Wilshire Boulevard, Los Angeles 5, contains the names of many prominent members of the Los Angeles County Medical Association.

At the meeting of the California Medical Association, to be held in Los Angeles May 7-10, plans are being made for a publicity campaign to promote the objectives of the organization. At that meeting there will be an attractive prize. The attention of those who will be in attendance at the annual session of the California Medical Association is called thereto.

Medical Veterans' Association of Los Angeles County

Medical Veterans' Association of Los Angeles County calls attention to a meeting to be held in the Auditorium of the Los Angeles County Medical Association, located at 1925 Wilshire Boulevard.

The meeting will be held as called on Tuesday evening, May 7th, at 8:00 o'clock. The telephone number of the Los Angeles County Medical Association is DRexel 7175.

All physicians who are medical veterans are cordially invited to attend this meeting.

For additional information concerning the Medical Veterans' Association of Los Angeles County, and its objectives see in current issue on page 264.

Medical Society of the State of California

An optional Medical Defense organization, founded in 1923, composed of C.M.A. members, having as an objective the promotion of a group effort to study, combat and partially eliminate the possibilities of malpractice litigation, and to support colleagues who are unjustly sued.

For time and place of meeting, see bulletin board.



MRS. R. B. EUSDEN
President, Woman's Auxiliary to the
California Medical Association
1946



MRS. LAWRENCE K. GUNDRUM
Recording Secretary, Woman's Auxiliary to the
California Medical Association
1946

V

WOMAN'S AUXILIARY

Sixteenth Annual Session

WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION

Headquarters at Biltmore Hotel, Los Angeles

Mrs. Ralph Eusden, *President*

Mrs. Ludwig L. Kaftan, *Convention Chairman*

Tuesday, May 7

- 9:00 a.m.-5:00 p.m.—Registration.
- 9:30 a.m.—Opening Session of the California Medical Association (Ball Room). All Auxiliary members and doctors' wives are invited to attend.
- 10:00 a.m.—Pre-Convention Board meeting, Suite 3333-3334, Biltmore Hotel.

Wednesday, May 8

- 8:00 a.m.-12:00 noon—Registration.
- 9:30 a.m.—First general session of the Sixteenth Annual Convention, Suite 3333-3334 Biltmore Hotel, Mrs. Ralph Eusden, presiding.
- 1:00 p.m.—Luncheon—Honoring:

Mrs. Ralph Eusden and Members of the State Advisory Board, Mrs. C. C. Landis, presiding.

Thursday, May 9

- 8:00 a.m.-12:00 noon—Registration.
- 9:30 a.m.—Second General Session of the Sixteenth Annual Convention—Suite 3333-3334 Biltmore Hotel, Mrs. Ralph Eusden, presiding.
- 1:00 p.m.—Luncheon—Honoring:
Mrs. Philip K. Gilman, wife of the President of the California Medical Association, and Past State Presidents.

Friday, May 10

- Post-Convention Board meeting.
- Executive Board and State Advisory Board meeting.

HOTELS



Headquarters Hotel—75th Annual Session California Medical Association

Hotel Biltmore, 515 South Olive, Los Angeles, 13
(Telephone Michigan 1011)

The official headquarters of the next annual session of the California Medical Association to be held at Los Angeles, Tuesday, May 7 through Friday noon, May 10, 1946, will be the *Hotel Biltmore*, 515 South Olive Street (Olive, between Fifth and Sixth Streets), Los Angeles. Because of postwar conditions and prospective attendance, the facilities of other hotels must also be used.

All requests for reservations must be sent to the hotels direct. In writing, it is well to state the number in the party, date of arrival, date of departure, nature of accommodations desired (single room, double room, double bed, twin beds, bath).

LOS ANGELES HOTELS: WITH TELEPHONE NUMBERS

A list of some hotels in Los Angeles within easy distance of the Hotel Biltmore follows:

Hotels	Telephones
<i>Alexandria Hotel</i> , 210 W. Fifth St....	(MAdison 2741)
<i>Ambassador Hotel</i> , 3400 Wilshire Blvd...	(DRexel 7011)
<i>BILTMORE HOTEL</i> , 515 S. Olive.....	(Mlchigan 1011)
<i>Carlton Hotel</i> , 519 S. Figueroa St....	(Mlchigan 6571)
<i>Chapman Park Hotel</i> , 516 S. Alexandria Ave...	(FI 1181)
<i>Clark Hotel</i> , 426 S. Hill St.....	(Mlchigan 4121)
<i>Gates Hotel</i> , 831 W. Sixth St.....	(TRinity 3931)
<i>Hayward Hotel</i> , 206 W. Sixth St.....	(Mlchigan 5151)
<i>Mayfair Hotel</i> , 1256 W. Seventh St....	(FIzroy 4161)
<i>Mayflower Hotel</i> , 535 S. Grand Ave...	(Mlchigan 1331)
<i>San Carlos Hotel</i> , 507 W. Fifth St.....	(MUtual 2291)
<i>Savoy Hotel</i> , 601 W. Sixth St.....	(MAdison 1411)
<i>Stillwell Hotel</i> , 838 S. Grand Ave.....	(TRinity 1151)
<i>Town House</i> , 639 S. Commonwealth Ave....	(EX 1234)
<i>William Penn Hotel</i> , 2208 W. Eighth St....	(EX 3181)

VI
TRANSPORTATION
INFORMATION

Reduced-rate convention transportation is *not* available this year.

Members are urged to make their transportation reservations at the earliest possible date in order to secure reservations on the overtaxed travel lines.

VII
ENTERTAINMENT

Consult bulletin board in Main North-South (Fifth Street to Ramp) galeria for information concerning alumni and similar luncheons or dinners.

President's Dinner.—Hotel Biltmore, Wednesday, May 8, at 7:30 p.m. in Biltmore Bowl (entrance by way of South Galeria, near ramp). Reservations must be made in advance, as capacity of dining room is limited. Reservations can be made for single tickets and for tables of eight or more persons. Make reservations at Registration Desk. Such reservations should be in charge of only one person, in order to avoid confusion for the hotel management. All who are at a "table to be reserved" should let their spokesman order for them. "Reserved Tables" must not be encroached upon.

The Local Committee on Arrangements will present at the Dinner to the President, an entertainment program at 9:30 p.m. sharp. During the floor show the dining room doors will be closed and table service will stop. For these reasons it is imperative that those attending the dinner should be in the dining room promptly at 8:00 p.m.

Dancing (in the Biltmore Bowl) to Hotel Biltmore's orchestra will follow the Dinner to the President.

LOS ANGELES

Some Highlights in Its History

Los Angeles is the second oldest city officially founded in California and the third oldest in rank as an early habitation center. San Diego Mission, founded in 1769, was the earliest civilized development in California. From San Diego, Gaspar de Portola and Juan Crespi marched north and began developments in the Monterey area in 1770. San Gabriel Mission, near Pasadena, was founded September 8, 1771. Just ten years later on September 4, 1781, "El Pueblo de Nuestra Senora la Reina de Los Angeles de Porciuncula" (now Los Angeles) was officially founded by the third Spanish Governor to California, Felipe de Neve.

Before the founding of Los Angeles, about 300 Indians, called Yang-na, lived in the Los Angeles area, unmolested and unmindful of their inevitable doom.

During many years following the founding of Los Angeles nothing of note happened. The country was left to the explorers and that arduous colonizer, the missionary.

All life in the Pacific Southwest in those days revolved about the missions, which was primarily communal among the Indians, who were disciplined by soldier guards. Agriculture and livestock were the principal industries. Commerce, as it is known today, was unknown. Lethargy, indifference and stagnation, from a world point of view, were the order of the day in the early Spanish era of Los Angeles.

In 1822, news arrived from Mexico that these one-time Spanish colonies were free and independent. How-

(Continued on Page 277)

VIII

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CALIFORNIA MEDICAL ASSOCIATION

REPORTS OF GENERAL OFFICERS, C.M.A. COMMITTEES AND COMPONENT COUNTY MEDICAL SOCIETIES

FOR CALENDAR YEAR, 1946

(For Index of Reports, See Page 231)

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Last year at this time we were at war. We were at war as a nation, fighting for our very life and the ideals that make the living of life worthwhile. The medical profession was at war also, fighting ideas of political economy that might destroy those factors of the practice of medicine which we believe essential.

In my report to last year's House of Delegates I said as follows—"our House of Delegates must lay careful grounds for our policies of the future. Our soldier confreres must come home to us with a knowledge that we have planned for the future, theirs and ours. We must preserve for them the things that they cherish here at home as they are fighting there to preserve things that we cherish."

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6. Appropriations for Medical Schools of the University of California.

Reference is here made to the establishment of a new medical school as a department of the University of California at Los Angeles. An initial appropriation enacted at the 1946 special session of the California Legislature in amount of seven million dollars, was signed by Governor Earl Warren.

Also, an appropriation of four million was granted at the special session, to aid in erection of needed buildings at the San Francisco Medical Center of the University of California. For this institution, other State funds in amount of some two million dollars will make possible erection of structures to a total cost of some six million dollars.

The Council expresses its approval of these actions by the State of California, in thus providing funds that will make possible an extension of high quality medical teaching for California.

These appropriations will permit the four existing schools and the one new medical college in California to move forward in better attainment of their mutual objectives.

7. Procurement and Assignment Service—Postwar Committee.

The services rendered during and after the war years by the California Procurement and Assignment Service for Physicians were most valuable, not only in making it possible for California to supply its quota of well trained physicians and surgeons for the medical departments of Army and Navy, but also in maintaining morale and adequate medical service for civilians.

The thanks of the Association may well be extended by the House of Delegates to the State and County P. & A. Committees. Their work was well done.

The special Postwar Committee will submit to the House of Delegates recommendations on existing and possible future needs.

8. Advisory Planning Committee.

C.M.A. members who scan the minutes of Council meetings have noted the desirable recommendations that have been made by the Advisory Planning Committee. Some of the recommendations will probably receive comment by the reference committees of the House of Delegates, since it is desirable, on matters of important policy, that not only the Council, but also the House of Delegates should be on record.

In this connection, mention may be made of the request by some of the larger component county units of the C.M.A. that they be aided through State Association subsidies that would permit them to employ full-time executive secretaries to better carry on their organization and other work.

9. American Medical Association Will Meet in San Francisco July 1-5, 1946.

The American Medical Association will again hold an annual session in California, the San Francisco County Medical Society to act as host to the visiting delegates and physicians.

All members of the California Medical Association who can attend the A.M.A. session should plan accordingly.

10. Woman's Auxiliary to the California Medical Association.

Appreciation is expressed to the members of the Woman's Auxiliary to the California Medical Association for the important services rendered by them. The State and County Auxiliaries are valuable aids to organized and scientific medicine.

Arrangements have been made to permit the publication of what could be called a house bulletin—"The Courier,"

and through it, it is hoped to bring to the State and County Auxiliaries, not only an increasing number of interested and working affiliates, but to keep all Auxiliary members in close touch with public health and medical activities of their respective communities.

11. A History of the California Medical Association—Appointment of Retiring Secretary-Editor as Honorary Historian.

Under the name "Medical Society of the State of California," the California Medical Association was founded in year 1856, some ninety years ago.

No history of the Association—now grown to be third largest constituent state medical society in the Nation—has ever been written. Regretfully, it must also be acknowledged that the C.M.A. possesses practically no historical records.

Therefore, compilations for a History of the California Medical Association will require much painstaking and time-consuming reading and research of source material available only in the publications to be found in public and private libraries.

After many years of service as a C.M.A. officer, Doctor George H. Kress, now having reached the age of 70 and over, will retire as Association Secretary and Editor of CALIFORNIA AND WESTERN MEDICINE.

Your Council, having in mind Doctor Kress' interest and knowledge of the California Medical Association, at its 330th meeting on February 1, 1946, adopted the following:

"(a) A History of the California Medical Association.—Reference was made to the desirability of compiling a history of the California Medical Association, now in its 75th year, the subject having been considered at the 328th and 329th Council meetings. (CALIFORNIA AND WESTERN MEDICINE, October, 1945, Item 20(e), page 180, and December, 1945, Item 24, page 282.)

"After discussion, on motion made and seconded, the following resolution was adopted:

"Resolved, That the position of Honorary Historian of the California Medical Association is hereby created, said position to be entirely honorary and without compensation; and be it

"Further Resolved, That the retiring Secretary-Editor, Doctor George H. Kress, be appointed as Honorary Historian, he to act in that capacity until such time as other action is taken."

The Council trusts the House of Delegates will approve the plan to proceed with the compilation of a History of the California Medical Association, to be carried on by the Honorary Historian, in conjunction with the standing C.M.A. Committee on History.

12. Survey of California Hospitals.

Medical care during recent years has more and more implied utilization of hospital facilities. Increasingly important, therefore, is the need of maintaining high standards in hospital buildings, equipment, personnel and procedures. Also, to make available to all citizens, adequate hospital facilities.

The Council asks the coöperation of all concerned in the survey of California Hospitals now being carried on through the State Department of Public Health.

Your Council Chairman has been placed in charge of the survey study.

13. Retirement of Doctor George H. Kress as Association Secretary and Editor of "California and Western Medicine."

Note has been made above that Doctor George H. Kress, having reached retirement age, will lay down his duties as Association Secretary and Editor of CALIFORNIA AND WESTERN MEDICINE at the close of the present annual session.

In other reports, mention is made of the many years of service rendered by Doctor Kress, in various official positions of the California Medical Association.

The Council proposes to the House of Delegates that it would be a fitting tribute to Doctor Kress, in appreciation of services rendered over some four decades, that he be given a life pension for his remaining years.

The Council at its meeting on February 1, 1946, took formal action as indicated below, and submits the same to the House of Delegates for approval:

"Retirement of Doctor George H. Kress as Secretary-Editor.—Doctor George H. Kress having reached retirement age, and the Council having considered the subject at the 328th meeting on August 21, 1945 (October CALIFORNIA AND WESTERN MEDICINE, Item 20, Page 180) and at the 329th meeting on October 21, 1945, discussion followed on what would be proper recognition of services rendered over many years by Dr. Kress.

"After discussion, and on motion duly made, seconded, and carried, the following resolution was adopted:

"Resolved, That the Council include in its annual report to the House of Delegates at the May, 1946, session, a recommendation that Doctor George H. Kress, presently the Secretary and Editor of the Association, be granted retirement status and that in recognition of his many years of continuous devoted service to the welfare of the Association, Doctor Kress be granted a pension for life, commencing at the end of the 1946 annual session, payable at the rate of \$315.00 (three hundred and fifteen dollars) per month; provided only, that in any month or months during which Doctor Kress accepts or undertakes any salaried position or positions carrying the aggregate compensation in excess of \$15.00 (fifteen dollars) per month, then for such month or months, Doctor Kress shall not receive the monthly pension aforesaid."

14. C.M.A. Cancer Commission.

During the last several years, increasing attention has been given to cancer research clinics and preventive and other educational work. The Council has reactivated the Association's Cancer Commission. As a result, real progress is being made for California in this important medical field.

15. California Industrial Accident Commission.

The surcharge and a revised fee schedule for professional services rendered to citizens working in industry are still a subject for conferences with State and other authorities. The report of the Legal Department of C.M.A. gives further information thereon.

It is to be hoped the legitimate requests of the medical profession for long over-due revision of the schedule of fees will meet with success in the near future.

16. American Red Cross Blood Procurement Facilities.

Report will be made by a Council Committee on procedures to be used in places where blood procurement facilities may be established. It is possible the House of Delegates may wish to make definite recommendations in regard thereto.

17. Affiliated Organizations.

(a) California Medical Association has continued to give financial support to the United Public Health League, which maintains a Washington office, to make available for interested citizens bulletins on public health and related legislation that may be pending in Congress.

(b) C.M.A. has also aligned itself with the organization of state medical society presidents, whose meetings and papers have been valuable aids in the formulation of public relations policies by the American Medical Association.

18. Miscellaneous Items.

Attention is called to minutes of the Council printed in CALIFORNIA AND WESTERN MEDICINE for April, 1946, appearing under Item 20(b) on Editorial Policy; Item 20(c) on Proposed Amendment to Constitution; and Item 20(e) on Retirement Plans for Employees.

Reports of Council Committees thereon will be submitted to the proper reference committees of the House of Delegates.

Respectfully submitted,

THE COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION,
PHILIP K. GILMAN, *Chairman*.

REPORT OF THE PRESIDENT OF THE "TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION"

To the President and the House of Delegates:

The Board of Trustees has held regular meetings during the year just elapsed in order to transact the business of the Association properly coming before it. The Board holds in trust the monies and properties of the California Medical Association, and the report of its activities and financial status of the Association is included in the report of the Treasurer.

Respectfully submitted,

P. K. GILMAN, *President*.

REPORT OF THE SECRETARY-TREASURER

To the President and the House of Delegates:

In accordance with past custom, your Secretary-Treasurer submits his report under two subheadings: (1) Report of the Association Secretary, and (2) Report of the Treasurer.

I. Report of the Association Secretary

As stated in reports of former years the work of the Association Secretary has to do with his activities for the constituted authorities of the C.M.A., as outlined in the Constitution and By-Laws; namely, as secretary of the following bodies: House of Delegates, Council, Executive Committee, Committee on Scientific Work, (Preparation of Annual Session Scientific and Other Programs), Committee on Postgraduate Activities, Committee on History. In addition there is general correspondence with other state medical societies, and with members of the Association and others.

With the limited amount of clerical help available it has been difficult, at times, to turn out all work promptly. Meetings of the constituted bodies of the Association imply special work, not only in preparation of agenda, but also, on occasion, because of the large amount of follow-up attention needed to carry out instructions concerning actions taken.

Your Association Secretary, having now reached age 71, will retire from his secretarial position at the close of this year's annual session, in May, 1946. In May, 1907, some 39 years ago, your present Association Secretary was elected Councilor for the 2nd District (then Los Angeles, Kern and Ventura counties), and he has had the honor of having been a member of the Council during all these years, either as an elected or ex-officio Councilor. To have had the privilege of active service as a C.M.A. officer for practically four decades has been to him a great pleasure. He has been under heavy obligation to all who during this period aided him in his Association work.

To officers and members with whom in recent years he has had active affiliation, in activities of mutual interest, he also expresses his deep and earnest appreciation. He will treasure the memory of many pleasant associations.

II. Report of the Treasurer

The C.M.A. Constitution provides that the person who is elected to the office of Secretary-Treasurer must hold the degree of Doctor of Medicine. In such capacity the undersigned submits: (a) The Original Budget approved by the House of Delegates (in 1944) to apply to the calendar year 1945; and (b) The Report of the Certified Public Accountants (Messrs. Hood and Strong of San Francisco) on moneys received and expended.

By Council action, the functions concerning the collection and disbursement of funds of the Association have been delegated to the Executive Secretary as one of his responsibilities, and report thereon will be made by Mr. Hunton.

In scanning the report of the Certified Public Accountants, it is important for members to keep in mind that the funds of the California Medical Association are received and spent through two separate organizations, under two separate authorities: (1) Current maintenance and administrative income and expenses, as credited to and charged against the "California Medical Association"; and (2) Reserve funds, held by the "Trustees of the California Medical Association," a nonprofit corporation composed of the year-by-year Councilors, who as a corporation holding company for the California Medical Association, jointly function in compliance with the corporate laws of the State. From time to time, the C.M.A. Council transfers excess or reserve funds to the "Trustees of the California Medical Association." Also, when occasion demands, the California Medical Association borrows from the "Trustees" to cover expenditures of maintenance and special activities, not foreseen at time when the budget for the calendar year was adopted.

The financial records of the Association are on file in the headquarters office, should additional information be desired by any county society or member.

Respectfully submitted,

GEORGE H. KRESS, *Secretary-Treasurer*.

* * *

CALIFORNIA MEDICAL ASSOCIATION

Budget Income (Estimated) for Year 1945

1. Membership Dues	\$ 90,000
2. Advertising Sales	25,000
3. Journal Subscriptions	500
4. Reprint Sales (Net)	100
5. Annual Session
6. Miscellaneous (includes earned interest, Herzstein Bequest, etc.)	1,500

TOTAL REVENUES (Estimated)\$117,100

Budget Expenditures (Estimated)

7. Rent	3,283
8. Telephone and Telegraph	850
9. Postage	750
10. Stationery and Printing }	
11. Office Supplies	2,000
12. Office Expense	
13. Salaries:	
(a) Secretary-Treasurer	4,140
(b) Executive Secretary	9,000
(c) Clerical	9,500
(1) Social Security Tax	200
(2) Unemployment Tax	200
14. Travel Expenses:	
(a) Officers	750
(b) Councilors	3,000
(c) Executive Committee	250
(d) Secretary	750
(e) A.M.A. Delegates	2,500
15. Council-Executive Committee Expense	750
16. Annual Session	6,000
17. Employees' Annuities	500
18. Pensions	960
19. Dept. of Public Relations	1,000
(a) C.P.S. Promotion

20. Cancer Commission	1,000
21. Committees' Expenses	1,500
22. Committee on War Effort	2,000
23. Postgraduate Committee	2,000
24. Public Policy and Legislation	13,500
(a) United Public Health League
25. Benevolence Committee	5,000
26. Secretarial Conference	1,200
27. Donations to Libraries	2,250
28. Legal Department	5,500
29. Woman's Auxillary	200
30. Equipment Expense	1,000
31. Miscellaneous	3,000
32. California and Western Medicine:	
(a) Printing	18,000
(b) Postage and Mailing	1,500
(c) Advertising Commissions	5,000
(d) Discount and Collections	300
(e) Editor's Salary	4,600
(f) Supplies	450
(g) Office Postage	750
(h) Illustrations	600
(i) Doubtful Accounts	250
(j) Addressograph Expense	300
(k) Editorial Board Travel	300

TOTAL EXPENSES\$116,588

* * *

Report of the Certified Public Accountants, Hood and Strong, San Francisco, follows:

Report of Examinations

* * *

I. California Medical Association

and of

II. Trustees of the California Medical Association (A Corporation)

San Francisco, California

December 31, 1945

I

California Medical Association

HOOD AND STRONG

CERTIFIED PUBLIC ACCOUNTANTS

SAN FRANCISCO

No. 1371-1544

January 21, 1946

CALIFORNIA MEDICAL ASSOCIATION.

Dear Sirs:

As per your instructions, and following upon our similar attention for previous years, we have made an examination of the accounts and records of CALIFORNIA MEDICAL ASSOCIATION for the year ended December 31, 1945, and present hereinafter the following statements:

*California Medical Association and Trustees of the California Medical Association (a Corporation):—
Combined Comparative Balance Sheet—December 31, 1945 and December 31, 1944*

* * *

California Medical Association:—

Balance Sheet—December 31, 1945

Statement of Income and Expenditure—Comparative for Years Ended December 31, 1945 and December 31, 1944

Expenditure—Comparative for Years Ended December 31, 1945 and December 31, 1944

We have also made an examination of the accounts of the Trustees of the California Medical Association, a nonprofit corporation, and have rendered a separate report thereon.

The following comments are submitted in amplification of the various items appearing in the statements herein submitted and indicate, generally, the scope of our examination:—

*Combined Comparative Balance Sheet—
December 31, 1945 and December 31, 1944*

CALIFORNIA MEDICAL ASSOCIATION AND TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION)

This statement exhibits in condensed form the combined assets and liabilities of both organizations. The assets and liabilities of the California Medical Association will be discussed in detail hereinafter, and a separate report is being presented as to the assets and liabilities of the Trustees of the California Medical Association (a Corporation).

Balance Sheet—December 31, 1945

CALIFORNIA MEDICAL ASSOCIATION

ASSETS

CASH—\$32,292.32:

This consists of the following:

In Banks.....	\$23,068.33
On Hand.....	9,183.00
Petty Cash Fund.....	40.99
	<u>\$32,292.32</u>

The amount on deposit in banks was verified from the basis of confirmations received by us directly from the depositories. The amount of cash on hand of \$9,183.00, which was verified by us, represents monies received the last few days of December which were deposited in January. The Petty Cash Fund was counted.

ACCOUNTS RECEIVABLE—\$3,480.23:

These consist of "Journal" (CALIFORNIA AND WESTERN MEDICINE) advertisers, in amount \$3,980.23, less a reserve of \$500.00 which has been established in prior years to provide for doubtful accounts. We examined accounts totaling the above sum, but we did not verify the amounts by direct correspondence with the individual debtors. These accounts are considered to be good, and collectible in the ordinary course of business.

TRUST FUND:—\$5,808.08:

These consist of (a) the Morris Herzstein Bequest Fund of \$3,114.58, and (b) the Benevolence Fund of \$2,693.50.

(a) The changes in the Herzstein Bequest Fund during the year were as follows:—

Balance, December 31, 1944.....	\$2,546.38
Add Interest on Savings Account.....	27.78
Bequest from Trustees of Fund.....	540.42

Balance, December 31, 1945.....\$3,114.58

The income was verified from a photostatic copy of a statement of receipts and disbursements by Wells Fargo Bank & Union Trust Co., Trustee, as to the bequest, and the savings bank interest was verified from the pass-book.

(b) The change in the Benevolence Fund during the year is as follows:—

Balance, December 31, 1944.....	\$7,293.50
Less Disbursements—Los Angeles County Physicians Aid Society.....	4,600.00

Balance, December 31, 1945.....\$2,693.50

Disbursements were verified from the basis of canceled checks and are in conformity with Minutes; and the balance was confirmed directly to us by the bank.

DEFERRED CHARGES—\$591.66:

Details of this asset appear on the Balance Sheet and call for no further comment and, in our opinion, are correctly stated.

DEPOSIT—UNITED AIR LINES—\$425.00:

This represents a payment during the year to United Air Lines to secure air transportation.

LIABILITIES

ACCOUNTS PAYABLE—\$4,174.25:

The composition of this item appears on the Balance Sheet and is correctly stated.

TRUST ACCOUNTS—\$5,808.08:

This is a contra item to the amount of like assets shown in the Balance Sheet under "Assets," and has been commented on hereinbefore.

SURPLUS—\$5,315.96:

This is the amount by which the total assets exceed the total liabilities at December 31, 1945. The only change during the year is the reduction of the Surplus by \$68,361.10, representing excess of disbursements over receipts for the year 1945.

STATEMENT OF INCOME AND EXPENDITURE

This statement is presented in comparative form for the years 1945 and 1944, together with increases and decreases in the various items. Membership dues were checked by us to the statement of remittances sent in by County Societies. In addition, we selected several County Societies at random and wrote to them asking that they confirm to us the amount remitted by them.

From the basis of our examination and from replies received from County Societies, we are satisfied that these are being properly received and accounted, although, as understood by you, we made no attempt to check the dues to the membership cards on file. All income recorded as being received was verified to us as having been deposited in banks.

Income from advertisements in the "Journal" (CALIFORNIA AND WESTERN MEDICINE) was test-checked by us to advertisements appearing in the November and December, 1945, issues of that periodical. It has been the practice to allocate to income of the "Journal" \$3.00 for those members whose dues were paid for the entire year and \$1.50 per member for those who joined the Association after July 1st.

Expenditures were verified from canceled checks and inspection of vouchers, where necessary, as well as from a review of the Minutes of the Council, Directors, etc., for authorization of expenditures, where necessary.

We are submitting a Comparative Statement of Expenditures for the years 1944 and 1945 in detail, showing the increases or decreases in the various items.

Very truly yours,

HOOD AND STRONG.

CALIFORNIA MEDICAL ASSOCIATION

San Francisco, California

BALANCE SHEET

December 31, 1945

ASSETS

Cash	\$32,292.32
In Banks.....	\$23,068.33
Commercial Accounts ...	\$22,465.21
Savings Accounts ...	603.12
On Hand	9,183.00
Petty Cash Fund.....	40.99
Accounts Receivable	3,480.23
Journal Advertisers—Total	3,980.23
Less Reserve for Doubtful Accounts	500.00
Trust Funds	5,808.08
Morris Herzstein Bequest	3,114.58
Benevolence	2,693.50

Furniture and Fixtures—			
Nominal Value	1.00		
Deferred Charges	591.66		
Rent Paid in Advance..	324.00		
Postage	267.66		
Deposit—United Air Lines		425.00	\$42,598.29
LIABILITIES			
Accounts Payable		4,174.25	
Journal Production—			
Accrued Expense ...	2,607.05		
Collector of Internal			
Revenue — Withhold-			
ing Tax.....	580.30		
Miscellaneous	986.90		
Deferred Income		27,300.00	
1946 Dues Received in			
Advance	27,300.00		
Trust Accounts		5,808.08	
Unexpired Balance of In-			
come Received under			
Morris Herzstein Be-			
quest	3,114.58		
Benevolence Fund.....	2,693.50		37,282.33
Surplus			\$ 5,315.96
Representing the amount			
by which the total as-			
sets exceed the liabili-			
ties as of December			
31, 1945:			
Balance, January 1,			
1945		73,677.06	
Deduct		68,361.10	
Excess of Dis-			
bursments over			
Receipts for the			
Year 1945	68,361.10		

* * *

CALIFORNIA MEDICAL ASSOCIATION
San Francisco, California
STATEMENT OF INCOME AND EXPENDITURE
COMPARATIVE FOR YEARS ENDED
DECEMBER 31, 1945 AND DECEMBER 31, 1944

	INCOME		INCREASE (DECREASE)
	YEAR ENDED		
	DECEMBER 31, 1945	DECEMBER 31, 1944	
DUES AND GENERAL:			
Membership Dues—			
Less portion allocated to Journal			
Subscriptions	\$ 96,403.05	\$ 93,770.00	\$ 2,633.05
California Medical Society—Services.	600.00	600.00	
Interest earned....	179.90	349.37	(169.47)
	<u>\$ 97,182.95</u>	<u>\$ 94,719.37</u>	<u>\$ 2,463.58</u>
OFFICIAL JOURNAL,			
“CALIFORNIA AND WESTERN MEDICINE”			
Advertising	\$ 51,933.45	\$ 33,477.42	\$ 18,456.03
Members' Subscription — allocated			
from dues	16,659.00	16,160.00	499.00
Cash Subscriptions.	1,141.10	1,044.53	96.57
Reprint Sales, Etc..	254.58	31.20	223.38
	<u>\$ 69,988.13</u>	<u>\$ 50,713.15</u>	<u>\$ 19,274.98</u>
TOTAL INCOME...	<u>\$167,171.08</u>	<u>\$145,432.52</u>	<u>\$ 21,738.56</u>
EXPENDITURE			
ADMINISTRATIVE	\$ 64,157.17	\$ 60,668.62	\$ 3,488.55
SCIENTIFIC, EDUCATIONAL AND PUBLIC			
RELATIONS	128,713.64	40,541.23	88,172.41
OFFICIAL JOURNAL—			
“California and Western Medicine”.....	42,661.37	33,600.05	9,061.32
TOTAL EXPENDITURE.	<u>\$235,532.18</u>	<u>\$134,809.90</u>	<u>\$100,722.28</u>
NET INCOME OR (EXPENDITURE)	(\$68,361.10)	\$10,622.62	(\$78,983.72)

CALIFORNIA MEDICAL ASSOCIATION
San Francisco, California
EXPENDITURE
COMPARATIVE FOR YEARS ENDED
DECEMBER 31, 1945 AND DECEMBER 31, 1944

	YEAR ENDED		INCREASE (DECREASE)
	DECEMBER 31, 1945	DECEMBER 31, 1944	
ADMINISTRATIVE:			
Salary—Association Secretary and Treasurer	\$ 4,140.00	\$ 3,825.00	\$ 315.00
Salary — Executive Secretary	11,000.00	8,533.32	2,466.68
Salaries—Clerical ..	8,503.93	8,141.26	362.67
Travel Expense:			
Secretary	599.88	561.76	38.12
Officers	1,022.18		1,022.18
Council	2,020.63	2,455.96	(435.33)
Executive Commit- tee	301.58		301.58
A.M.A. Delegates.	3,158.45	2,122.75	1,025.70
Taxes—Payroll	307.58	348.82	(41.24)
Annual Meeting Ex- pense	4,311.30	5,407.30	(1,096.00)
Legal Expense:			
Retainer Fee	5,333.33	4,000.00	1,333.33
Other Legal Ex- pense	945.97	944.59	1.38
Rent	3,538.00	3,288.00	250.00
Office Supplies and Expense	2,499.71	1,312.16	1,187.55
Postage	610.67	726.23	(115.56)
Telephone and Tele- graph	809.83	687.83	122.00
Council and Execu- tive Committee ..	821.18	726.52	104.66
Special Session — House of Delegates	4,569.71	420.23	4,149.48
Miscellaneous	1,639.77	1,802.16	(162.39)
Contributions to the United Public Health League...	8,023.47	15,364.73	(7,341.26)
	\$ 64,157.17	\$ 60,668.62	\$ 3,488.55

SCIENTIFIC EDUCATIONAL
AND PUBLIC RELATIONS:

Contributions to			
Medical Libraries..	\$ 2,825.00	\$ 2,745.00	\$ 80.00
Public Policy and			
Legislation Ex-			
pense	16,220.15	12,028.01	4,192.14
1945 Legislation ...	53,139.26		53,139.26
Department of Pub-			
lic Relations.....	15,747.19	8,388.95	7,358.24
Department of Pub-			
lic Relations—			
C.P.S. Promotion.	28,588.13	9,698.15	18,889.98
Physicians' Benevo-			
lent Committee ..	5,604.00	5,498.00	106.00
Other Committees'			
Activities	6,589.91	2,183.12	4,406.79
	\$128,713.64	\$ 40,541.23	\$ 88,172.41

OFFICIAL JOURNAL—
"CALIFORNIA AND
WESTERN MEDICINE":

Salary—Editor	\$ 4,600.00	\$ 4,249.97	\$ 350.03
Printing	28,365.62	20,441.06	7,924.56
Advertising Commis-			
sion	5,836.67	4,368.04	1,468.63
Wrapping and Mail-			
ing	1,856.95	2,053.26	(196.31)
Illustrations	297.84	282.80	15.04
Supplies, Expense			
and Office Postage	1,468.23	1,805.21	(336.98)
Discounts and Col-			
lection Expense ..	236.06	399.71	(163.65)
	\$ 42,661.37	\$ 33,600.05	\$ 9,061.32

TOTAL ALL
EXPENDITURE... \$235,532.18 \$134,809.90 \$100,722.28

CALIFORNIA MEDICAL ASSOCIATION AND
TRUSTEES OF CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION)
San Francisco, California
COMBINED COMPARATIVE BALANCE SHEET

ASSETS	CALIFORNIA MEDICAL ASSOCIATION	TRUSTEES OF THE		COMBINED DECEMBER 31, 1945	COMBINED DECEMBER 31, 1944	INCREASE (DECREASE)
		CALIFORNIA MEDICAL ASSOCIATION	CALIFORNIA MEDICAL ASSOCIATION			
Cash	\$32,292.32	\$ 26,141.38	\$ 58,433.70	\$ 79,471.27	\$ (21,037.57)	
Marketable Securities		125,004.36	125,004.36	92,592.41	32,411.95	
Accounts Receivable	3,480.23		3,480.23	2,283.48	1,196.75	
Endowment Fund		260.73	260.73	258.15	2.58	
Benevolence Fund	2,693.50	13,452.25	16,145.75	13,945.28	2,200.47	
Trust Fund	3,114.58		3,114.58	54,474.88	(51,360.30)	
Furniture Equipment, etc.....	1.00		1.00	1.00		
Deferred Charges	591.66		591.66	1,051.88	(460.22)	
Deposit—United Air Lines.....	425.00		425.00		425.00	
	<u>\$42,598.29</u>	<u>\$164,858.72</u>	<u>\$207,457.01</u>	<u>\$244,078.35</u>	<u>(\$36,621.34)</u>	
LIABILITIES, RESERVES AND SURPLUS						
Accounts Payable	\$ 4,174.25		\$ 4,174.25	\$ 2,701.60	\$ 1,472.65	
Members' Contribution to Endowment Fund		260.73	260.73	258.15	2.58	
Benevolence Fund	2,693.50	13,452.25	16,145.75	13,945.28	2,200.47	
Trust Account	3,114.58		3,114.58	54,474.88	(51,360.30)	
Deferred Income	27,300.00		27,300.00	660.00	26,640.00	
Surplus	5,315.96	151,145.74	156,461.70	172,038.44	(15,576.74)	
	<u>\$42,598.29</u>	<u>\$164,858.72</u>	<u>\$207,457.01</u>	<u>\$244,078.35</u>	<u>(\$36,621.34)</u>	

II

Trustees of the California Medical Association
(A Corporation)

Report of Examination

December 31, 1945

No. 1372-1544

January 21, 1946

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION),

San Francisco, California.

Dear Sirs:

Pursuant to your instructions, and following our attention for prior years, we have made an examination of your accounts for the year 1945, and, upon the conclusion thereof, have prepared and present hereinafter the following statements:—

Trustees of the California Medical Association (a Corporation) and California Medical Association:—

Combined Comparative Balance Sheet—

December 31, 1945 and December 31, 1944

Trustees of the California Medical Association (a Corporation):—

Balance Sheet—December 31, 1945

Statement of Income and Expenditure—

Comparative for the Years Ended December 31, 1945 and December 31, 1944

We have also made an examination of the accounts of California Medical Association and have rendered a separate report thereon.

The following comments are submitted in amplification of the various items appearing in the statements submitted herein and indicate, generally, the scope of our examination:—

Trustees of the California Medical Association (a Corporation) and California Medical Association

Combined Comparative Balance Sheet—

December 31, 1945 and December 31, 1944

This statement exhibits, in condensed form, the combined assets and liabilities of both organizations. The assets and liabilities of the Trustees of the California Medical Association will be discussed in detail hereinafter, and a separate report is being presented as to the assets and liabilities of the California Medical Association.

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION
(A CORPORATION)

BALANCE SHEET—DECEMBER 31, 1945

ASSETS

CASH—\$26,141.38:

This amount was verified from the basis of certificates received by us from the depositaries.

INVESTMENTS—\$125,004.36:

These consist of government securities of a par value of \$124,000.00, plus accrued interest of \$1,004.36. The details of these securities are as follows:—

\$ 5,000.00 p.v. U. S. Treasury Bonds 3½%	1949-52
10,000.00 p.v. U. S. Treasury Bonds 2¾%	Mar. 15, 1948
10,000.00 p.v. U. S. Treasury Bonds 2½%	1949-53
5,000.00 p.v. U. S. Treasury Bonds 2½%	Dec. 15, 1945
15,000.00 p.v. U. S. Treasury Bonds 2½%	1964-69
20,000.00 p.v. U. S. Treasury Bonds 2½%	1965-70
14,000.00 p.v. U. S. Treasury Bonds 2½%	1966-71
25,000.00 p.v. U. S. Treasury Bonds 2½%	1966-71
20,000.00 p.v. War Savings Bonds 2½%	12 years

\$124,000.00

All the bonds were inspected at your safe deposit vault in the presence of Drs. Kress, Gilman and Mr. Hunton.

ENDOWMENT FUND—\$260.73:

The only change in this account during 1945 was the addition of savings account interest of \$258.00. The balance was confirmed directly to us by the bank. This fund is offset by a like amount under "Liabilities and Surplus."

BENEVOLENCE FUND—\$13,452.25:

This amount consists of monies in trust for the California Medical Association, and the account was started in 1942, in conformity with the Minutes of the Association.

The changes in this account for the year 1945 are as follows:—

Balance, December 31, 1944.....	\$ 6,651.78
Add	6,800.47
Interest on Savings Account.....	\$ 50.00
Donation from Woman's Auxiliary 1,146.47	
Contribution by Members.....	5,604.00

Balance, December 31, 1945..... \$13,452.25

This balance was verified by direct confirmation from the depository. This fund was offset by a like amount under "Liabilities and Surplus."

LIABILITIES AND SURPLUS

MEMBERS' CONTRIBUTION TO ENDOWMENT

FUND\$ 260.73:
BENEVOLENCE FUND\$13,452.25:

These items are contra to the same funds shown under assets and have been discussed hereinabove.

SURPLUS—\$151,145.74:

This represents the amount by which the total assets exceed the liabilities at December 31, 1945.

The surplus balance at December 31, 1944, was \$98,361.38 and the changes during the year represent additions as follows:—

Net Income for the Year 1945.....\$ 2,606.65
Transfer of Indemnity Fund..... 50,177.71
\$52,784.36

The balance of the Indemnity Fund at December 31, 1944, was \$51,928.50. This was increased by interest on bonds and savings accounts in the amount of \$684.21, leaving \$52,612.71 from which amounts were refunded to contributing members of \$2,435.00, leaving a balance of \$50,177.71.

By resolution of the Trustees of the California Medical Association on August 12, 1945, "inasmuch as there was no further purpose to be served by continuing the Indemnity Defense Fund, the assets of this trust fund were transferred to the corporation. . . ." Before the transfer, the trustees arranged that payments be made from the fund to each contributing member of the Defense Fund who was still living and an active member of the California Medical Association and who had not assigned his interest in such fund to the corporation. This was done to the extent of \$2,435.00 and there is a possible further liability of \$150.00 to four members who have not been heard from.

STATEMENT OF INCOME AND EXPENDITURE

This has been exhibited in comparative form for the years 1945 and 1944, together with increases and decreases in the various items. We satisfied ourselves, to the extent practicable, that all income has been correctly accounted and that the expenditures have been proper.

Very truly yours,

HOOD AND STRONG.

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION) San Francisco, California

BALANCE SHEET

DECEMBER 31, 1945

ASSETS		
CASH		\$ 26,141.38
Bank of America, N.T. & S.A.	\$ 10,947.42	
Commercial Account . \$4,430.05		
Savings Account . 6,517.37		
Wells Fargo Bank— Savings Account..	7,618.22	
American Trust Co. —Savings Account.	7,575.74	
INVESTMENTS		125,004.36
U. S. Government Securities	124,000.00	
Accrued Interest....	1,004.36	
ENDOWMENT FUND....		260.73
Bank of America, N.T. & S.A.—Sav- ings Account.....	260.73	
BENEVOLENCE FUND....		13,452.25
Crocker First Na- tional Bank—Sav- ings Account.....	13,452.25	
		<u>\$164,858.72</u>

LIABILITIES AND SURPLUS

MEMBERS' CONTRIBUTION TO ENDOWMENT FUND	260.73	
BENEVOLENCE FUND...	13,452.25	13,712.98
SURPLUS		<u>\$151,145.74</u>
Representing the amount by which the total assets ex- ceed the liabilities as of December 31, 1945:		
Contributed Sur- plus received from California Medi- cal Association..	75,000.00	
Earned Surplus..	25,968.03	
Balance, January 1, 1945	23,361.38	
Net Income for Year 1945.....	2,606.65	

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION) AND CALIFORNIA MEDICAL ASSOCIATION COMBINED COMPARATIVE BALANCE SHEET

ASSETS	TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION	CALIFORNIA MEDICAL ASSOCIATION	COMBINED DECEMBER 31, 1945	COMBINED DECEMBER 31, 1944	INCREASE (DECREASE)
Cash	\$ 26,141.38	\$32,292.32	\$ 58,433.70	\$ 79,471.27	(\$21,037.57)
Marketable Securities	125,004.36		125,004.36	92,592.41	32,411.95
Accounts Receivable		3,480.23	3,480.23	2,283.48	1,196.75
Endowment Fund	260.73		260.73	258.15	2.58
Benevolence Fund	13,452.25	2,693.50	16,145.75	13,945.28	2,200.47
Trust Fund		3,114.58	3,114.58	54,474.88	(51,360.30)
Furniture, Equipment, Etc.....		1.00	1.00	1.00	
Deferred Charges		591.66	591.66	1,051.88	(460.22)
Deposit—United Air Lines.....		425.00	425.00	425.00	
	<u>\$164,858.72</u>	<u>\$42,598.29</u>	<u>\$207,457.01</u>	<u>\$244,078.35</u>	<u>(\$36,621.34)</u>
LIABILITIES—RESERVES AND SURPLUS					
Accounts Payable		\$ 4,174.25	\$ 4,174.25	\$ 2,701.60	\$ 1,472.65
Members' Contribution to Endowment Fund...	\$ 260.73		260.73	258.15	2.58
Benevolence Fund	13,452.25	2,693.50	16,145.75	13,945.28	2,200.47
Trust Account		3,114.58	3,114.58	54,474.88	(51,360.30)
Deferred Income		27,300.00	27,300.00	660.00	26,640.00
Surplus	151,145.74	5,315.96	156,461.70	172,038.44	(15,576.74)
	<u>\$164,858.72</u>	<u>\$42,598.29</u>	<u>\$207,457.01</u>	<u>\$244,078.35</u>	<u>(\$36,621.34)</u>

Transfer of Indemnity Fund..		50,177.71
Balance of Fund	52,612.71	
Less amount refunded to contributing members	2,435.00	

TRUSTEES OF THE CALIFORNIA MEDICAL
ASSOCIATION (A CORPORATION)

San Francisco, California

STATEMENT OF INCOME AND EXPENDITURES
COMPARATIVE FOR THE YEARS ENDED
DECEMBER 31, 1945 AND DECEMBER 31, 1944

	YEAR ENDED		
	DECEMBER 31ST	1944	INCREASE
INCOME:	1945	1944	(DECREASE)
Interest on Bonds.....	\$2,718.99	\$1,967.62	\$751.37
Interest on Saving Accounts	58.66	69.17	(10.51)
	<u>\$2,777.65</u>	<u>\$2,036.79</u>	<u>\$740.86</u>
EXPENDITURE:			
Audit Fee	\$ 140.00	\$ 126.00	\$ 14.00
Miscellaneous	31.00	31.00	
	<u>\$ 171.00</u>	<u>\$ 157.00</u>	<u>\$ 14.00</u>
NET INCOME	<u>\$2,606.65</u>	<u>\$1,879.79</u>	<u>\$726.86</u>

REPORT OF THE EXECUTIVE SECRETARY

To the President and the House of Delegates:

Your Executive Secretary presents the following report to cover his activities during the calendar year 1945 and the early months of 1946:

1. *General.* The C.M.A. office has been maintained to the best of our ability under continuing conditions which make it impossible to secure needed equipment. Such equipment, including new typewriters and mechanical attachments for mimeographing facilities, is now on order but not yet delivered. The office staff remains the same as a year ago, four capable, willing and loyal assistants, all of whom have remained with the Association throughout the entire war period. Our thanks and appreciation are due them.

2. *Financial.* The Association spent \$68,361 more than it took in during 1945. This compares with expenditures of \$10,623 less than revenues for 1944. Total revenues for 1945 were \$167,170, compared with \$145,433 for 1944; revenues of CALIFORNIA AND WESTERN MEDICINE for 1945 were \$53,329, including \$51,933 from advertising, compared with total revenues of \$34,553, including \$33,477 from advertising, for 1944. The sharp increase in advertising and journal revenues last year resulted from increased advertising rates, which were adjusted late in 1944 and made effective January 1, 1945.

Administrative expenses for 1945 totaled \$64,157, compared with \$60,669 for the preceding year. JOURNAL expenses were \$42,661, against \$33,600, practically all of the increase resulting from higher printing costs of \$28,366, compared with \$20,441 for 1944. Part of the rise in printing costs came from higher charges by the printer and part from increased size in the journal itself.

Expenses chargeable to scientific, educational and public relations activities amounted to \$128,714, compared with \$40,541 for 1944. The increase in these figures came from a new item of \$53,139 for "1945 legislation" and a rise from \$9,689 for 1944 to \$28,588 for 1945 for "C.P.S. Promotion." The legislative expenditure was voted by the Council in line with resolutions adopted at the January, 1945, special session of the House of Delegates, and the C.P.S. promotional expenditure was in line with earlier resolutions by the Council. Additional

budget items have been prepared to cover these subjects for the coming year.

During 1945 the old Indemnity Defense Fund was completely liquidated, this transaction resulting in the transfer to the Trustees of the C.M.A. of a net amount of \$50,178 in cash and Government bonds. This sum is now held by the Trustees of the C.M.A. for corporate purposes established in the incorporation papers of this body.

The Association completed its 1945 activities without the necessity of borrowing funds, despite the sizeable expenditure of money beyond cash revenues for the year. The Association is now in a comfortable cash position, with surplus funds invested in U. S. Treasury bonds and sufficient cash on hand to meet all foreseeable obligations and to provide for contingencies.

At the meeting of the Council on February 1, 1946, the Executive Secretary suggested that the Association's fiscal year be made to start on July 1 of each year. This was voted by the Council and new budgets will be based on that fiscal period. It is believed that this arrangement will make possible the establishment of a budget more nearly in keeping with the actual operating period of the Association, which begins annually with the meeting of the House of Delegates, usually early in May.

3. *California and Western Medicine.* The journal was produced at a net profit of \$10,688 for 1945, compared with a net profit of \$953 for 1944. This showing came principally from increased advertising revenues under the new rate structure. For 1946 we already have advertising contracts on hand in excess of the 1945 total and all indications point to a record year in this department.

Advertising solicitation, particularly on national accounts, has been subjected to some changes in the past 12 months. The Coöperative Medical Advertising Bureau maintained by the A.M.A. has represented our journal for a number of years and in recent months has made some internal changes which may very easily react adversely to the best interests of our journal. The Executive Secretary, as publisher and business manager of the journal, has been granted full authority by the Council to handle this matter in his best judgment. To date no changes in this department have been made but some changes are indicated and will be put into effect when and if they appear practicable.

4. *Annual Session.* The 1946 Annual Session will see the resumption of technical exhibits. The exhibitors this year have contracted for more space and at a higher revenue to the Association than in any year in the past. It is hoped that those members attending the Annual Session will visit all the exhibits and express their appreciation to the exhibitors for their loyal support of our meetings.

5. *The United Public Health League.* Your Executive Secretary has served as Executive Secretary of the United Public Health League since its organization in January, 1944. The League has made a place for itself in national legislative circles and this year will have a real opportunity for service in Senate hearings on the Wagner-Murray bill and other national legislative proposals. The Council has generously voted to support the League and it is believed that definite dividends will be returned by this organization when real support is needed in the Federal legislative field.

6. *Public Policy and Legislation.* Your Executive Secretary has coöperated with the chairman of Public Policy and Legislation to the fullest extent in the past year. During the long 1945 session of the State Legislature it was necessary for him to spend considerable time in Sacramento and to appear before Assembly committees on numerous occasions.

7. *Industrial Medical Fees.* Your Executive Secretary was named in July, 1944, as the C.M.A. representative on a "Study Committee" appointed by the Industrial Accident Commission to work toward the establishment of a schedule of medical and surgical fees acceptable to the physicians, employers and insurance carriers alike. This committee was deliberately made top heavy with representatives of insurance carriers and more recently has been expanded to include representatives of the osteopathic profession, of hospitals, labor and—late in 1945—of the chiropractic group. In a supplemental report to the House of Delegates in 1945, the Executive Secretary expressed his opinion that this study group would probably not have any real accomplishments and that the Association should seek adjustment of its grievances through legislation. This opinion is reiterated at this time inasmuch as no real progress has been shown by the study committee in the past 12 months and none appears likely under existing conditions. If the physicians of California are to receive a fair reward for their services under the compensation laws, it is felt that new legislation must be enacted to put real authority in the hands of the Industrial Accident Commission to establish, enforce and review medical and surgical fee schedules and to prevent rebates, fee-cutting, fee-splitting and other evils long associated with this work.

8. *Malpractice Insurance.* For the past two years this subject has been under study by the Executive Secretary at the direction of the Council and the House of Delegates. This study was necessarily interrupted in 1945 by the more pressing demands in the legislative field but a solution should be sought at the earliest possible date.

The study of the handling of malpractice insurance in other states indicates clearly that where group malpractice coverage is secured through recognized insurance carriers, and where there is a well-defined cooperation between the carriers and the medical profession, premium rates for this type of insurance can be reduced to mutually satisfactory levels.

Without entering into too great detail, it is the recommendation of the Executive Secretary that suitable arrangements be solicited as soon as possible for the establishment of group malpractice coverage in California, including the inauguration of a clearly-defined and recognized defense organization within the C.M.A.

9. *Conclusion.* This report must be concluded with the kindest thanks to the members of the Council, the officers of the C.M.A. and the county societies, our legal counsel and the members of the Association as a whole. Their cooperation has been of the greatest possible help in the coordination of efforts necessary for smooth and successful operation of a large Statewide association such as the C.M.A.

Respectfully submitted,
JOHN HUNTON, *Executive Secretary.*

REPORT OF THE EDITOR

To the President and the House of Delegates:

Reports submitted during the last five war years have referred to the difficulties to which publications in general have been subjected. Mention was made of governmental paper restrictions, insufficient man power in job printing establishments, and other conditions that have made prompt appearance of a monthly publication at a stipulated date almost impossible. In addition, post office facilities have been handicapped by man power shortage. It is to be hoped that in the months ahead, some of these wartime difficulties will be eliminated.

During the calendar year 1945, major articles that

have appeared in CALIFORNIA AND WESTERN MEDICINE, by groups and number included:

Editorials	32
Editorial Comment Articles.....	19
Scientific and General (Original) Articles.....	78
Case Report Articles.....	3
Major State Association Committee Reports.....	144
Major Miscellany Department Reports.....	65

Several years ago, the Council put a ceiling limit on the number of text pages in OFFICIAL JOURNAL, thus limiting the space available for original articles presented at annual sessions or before component county societies. This ruling has led an increasing number of annual session essayists to request the privilege of having their papers appear in other publications to make certain that the papers would be printed, and at a comparatively early date, while the subject matter of their text was still of pertinent interest.

During the last year the number of text pages in CALIFORNIA AND WESTERN MEDICINE, exclusive of the Pre-Convention section and the House of Delegates minutes, have totaled 605, making an average of 50 5/12 pages for each month. The Council had stipulated that a minimum average of 50 pages should be allotted in each month's issue for text articles and items, the remainder of the publication to be given over to advertisements.

During 1945, as in former years, the Association became indebted to members of the Editorial Board who gave generously of their time in perusing and giving opinions concerning manuscripts that had been submitted for possible publication in the OFFICIAL JOURNAL.

A constituent state medical association that has more than 7,000 members has many organization problems that must be called to the attention of members. With a ceiling limit in number of about 50 text pages, and with war effort, legislative and other pertinent news crowding in for space, it followed, as stated above, that the number of pages for original articles was necessarily limited; with decisions by the Editorial Board as to acceptance of papers, that were not always to the liking or happiness of contributing members.

With this present report, your editor makes his swan song, since in May, 1946, he will have more than passed three score and ten in years, and will then retire from editorial supervision of CALIFORNIA AND WESTERN MEDICINE. To have had the privilege since 1927 of having been the editorial spokesman for the California Medical Association, and to have written in these 19 years every editorial that has appeared in the OFFICIAL JOURNAL, has given him an opportunity for service for which he wishes to express his personal thanks. He has been appreciative also, of the latitude granted him in the selection of contents and make-up of text pages. In certain respects, CALIFORNIA AND WESTERN MEDICINE has differed in style from some state medical journals, but an effort has been made constantly to have it retain a form that would make for its convenient and useful perusal. To the many C.M.A. members who have aided him in his work, the editor makes his grateful acknowledgments.

To an editor, each issue of his publication takes on in some respects, the aspects of a brain-child, with all the lure that goes with such experiences. To have had the opportunity of having enjoyed such realizations, month by month, over practically a score of years, has been a pleasant privilege.

In signing off, your editor wishes again to thank all who, over the years, have aided him with their kindly and generous cooperation.

Respectfully submitted,
GEORGE H. KRESS, *Editor.*

REPORT OF THE LEGAL DEPARTMENT

To the President and the House of Delegates:

The Legal Department submits the following report covering the period from the last session of the House of Delegates to the present time:

1. *General.* The recurrence of the drive for government medicine, both within California and at Washington, has vitally affected all of the activities of the California Medical Association during the past year, including the Legal Department. Our day-by-day activities have encompassed too many fields and have been too voluminous to be enumerated in a report, unless it extend to tedious lengths. In carrying out our functions, we have realized that both the Council and the House of Delegates deem it a matter of overwhelming necessity for the medical profession, both in California and nationally, to have a strong, united and coordinated organization. It is the stated policy of the California Medical Association—which we have done our best to implement and promote—that the interests of the medical profession, both in California and nationally, require an aggressive four-point program, involving (a) medical care to the public on a prepayment basis, (b) close, accurate and constant contact between the medical profession and the legislative and executive branches of the Federal Government and the State government, (c) an honest, efficiently-administered public relations program, and (d) that all activities be completely coordinated so that the maximum effect is obtained. To carry out this policy, constant action and bold decisions are a matter of necessity. Caution and avoidance of risk must be subordinated to an effective fundamental policy. We have premised all of our activities on these statements of principle.

2. *Legislation.* At the time of the May, 1945, meeting of the House of Delegates, a regular session of the Legislature was in progress. Until the adjournment of the session late in June, 1945, we devoted the major portion of our time to assisting the Committee on Public Policy and Legislation in opposing various bills inimical to the interests of both the public and the profession. These included compulsory health insurance, compulsory hospital insurance, and various and sundry bills aimed at lowering the standards of medical care. The 1945 legislative session was particularly burdensome because various interests, such as naturopaths, chiropractors and others, increased their usual efforts to break down the standards of medical care, apparently proceeding on the theory that the California Medical Association was so busy with compulsory health insurance that it would not have time to oppose other matters. It was necessary for us to prepare amendments against and oppose no less than fifteen different bills of the character described, all in the space of a few weeks during the latter part of the session.

A special session of the Legislature was held during January and February, 1946. The major issue for the special session was a so-called disability benefits bill sponsored by Governor Warren and the State Federation of Labor. This bill was passed by the Legislature. As it is described in detail elsewhere, we will not elaborate on it except to state that, as enacted, it places an undue burden on the practicing physician, who is required to certify with respect to the ability or inability of a patient to perform his customary work. We intend, under the direction of the Council, to press for administrative regulations that will be workable and for amendment of the law at the next legislative session, in order to correct this defect. The Sickness Disability Law also permits chiropractors to certify as to disability, and we intend to urge elimination of chiropractors at the next ses-

sion. At the special session, the Legislature also enacted the Hospital Survey Bill, which permits a preliminary survey of the State's hospital needs, so that the State will be in a position to act under the Federal Hospital Construction Bill, if and when it becomes law.

We have at all times endeavored to aid and assist the Committee on Public Policy and Legislation, and to be at its command whenever needed.

3. *Advisory Planning Committee.* As directed by the House of Delegates, we have served on this committee and have attended all of its meetings during the year. Its activities have been very extensive, and have been reported from time to time to the Council and are published in the minutes of the Council.

4. *Special Committees.* The most active special committee of the Association during the past year has been the "Special Committee to Study Prepayment Medical and Hospital Plans." Upon request, we have attended several of the meetings of this committee and have endeavored to assist and advise it with respect to the legal aspects of prepayment medical and hospital plans.

We also undertook considerable research and submitted a full opinion to the special committee appointed to study A.A.P.S., at its request.

5. *Fee Schedule in Compensation Cases.* At the last annual meeting we reported the adoption by the Industrial Accident Commission of a 15 per cent increase in the existing fee schedule in workmen's compensation cases to apply for the duration of the war. During the past year a number of instances have been called to our attention where an insurance company has refused to compensate physicians rendering services on the basis of the 15 per cent increase, and have attempted to maintain the old rate. In each case, a letter of protest was delivered to the insurance company involved, and in each instance the company revised its compensation payable so as to include the 15 per cent increase. At the Council meeting held in October, 1945, a new and revised Industrial Accident Commission fee schedule was approved for submission to the Industrial Accident Commission. A petition incorporating the revised fee schedule was prepared and filed with the Commission in December, 1945. To date no action has been taken by the Commission on the Association's petition. However, at the last session of the Legislature on Interim Committee on Insurance was created by the Assembly, and in the resolution creating such committee a paragraph was included authorizing it to study and report to the Assembly at the next legislative session the entire subject of medical care under the Workmen's Compensation Act, including the adequacy of distribution of medical care and the fairness of compensation paid to physicians. At the present time the Assembly Interim Committee on Insurance has scheduled a public hearing on the subject of medical fees in industrial accident cases, to be held in Los Angeles on March 22nd. At that time representatives of the Association will point out to the committee the present inadequacies, both in medical fees and in the provisions of the Workmen's Compensation Act. It is hoped that some action, either by the commission or by the Legislature, may be taken.

6. *Sales Tax on Roentgenograms.* In 1945 the State Board of Equalization decided to levy a sales tax upon x-ray film furnished by physicians or by lay laboratories, either to the patient or to another physician. By direction of the Council, a protest was filed with the State Board of Equalization objecting to the imposition of the sales tax upon any portion of the fee charged by a radiologist even though the charge included the delivery to the patient or his referring physician of a roentgenogram. The basis of the protest was that the fee charged

by licensed physicians practicing radiology was solely referable to professional services rendered, and did not in any way involve the transfer of tangible personal property at retail.

After conference with the counsel for the State Board of Equalization and submission of information and authorities supporting the protest, the Board ruled that where ownership of the "x-ray picture or negative" is not transferred no sales tax is incurred. Under the customary practice of doctors of medicine specializing in radiology, the film remains the property of the radiologist. Hence, for all practical purposes, the interpretation of the State Board of Equalization has now been changed so that a sales tax is *not* imposed upon doctors of medicine specializing in radiology.

7. *American Cancer Society, California Division.* During the past year the nine members of the Cancer Commission have also acted as directors of an unincorporated association operating in the State of California under the name of American Cancer Society Field Army. At the request of Dr. Lyell C. Kinney, Chairman of the Cancer Commission, we assisted in the reorganization of the Cancer Society and in the formation of a nonprofit corporation under the laws of the State of California, to be known as American Cancer Society, California Division. The Board of Directors of this corporation consist of the nine members of the Cancer Commission of the California Medical Association and six leading citizens of the State. The new corporation is affiliated with the American Cancer Society, Inc., a New York corporation which operates nationally, and its purposes are to assist in the control of cancer in California and to aid in the establishment of means to discover and cure cancer approved by the component county societies.

8. *Opinions.* During the year we rendered a number of miscellaneous opinions to members on questions which arose in connection with their practice. Among the subjects covered were: sterilization; proper execution of birth certificates; social security tax; necessity of autopsy permits; disciplinary procedure in various county medical societies; and admission of new members. We have also passed upon malpractice insurance policies held by a number of members.

In closing this report, we desire to express our gratitude for the kind and thoughtful action of the Council at its 1945 organization meeting in directing that we be notified of "the appreciation of the Council for the excellent service that had been rendered . . . to the medical profession of California." Representing the medical profession is both stimulating and a tremendous responsibility. The lasting compensation for such service is not the monetary reward—it is the sense of accomplishment in working for the betterment of medicine. As we have done in the past, we shall continue to strive for the right to feel that we have contributed our bit.

Respectfully submitted,

PEART, BARATY & HASSARD, *General Counsel.*

REPORTS OF DISTRICT COUNCILORS

FIRST COUNCILOR DISTRICT

Imperial, Orange, Riverside, San Bernardino, and San Diego Counties

To the President and the House of Delegates:

The Societies of the five Counties comprising the First District have been working earnestly on the problem of State medicine. It is gratifying that all representatives from these Counties stood with us in the last Legislature.

A great deal has been done toward locating returned veterans, although office space has been difficult to procure.

Several new members have joined our medical Societies. It is hoped that the great influx of physicians will not fill our ranks to overflowing.

Many newcomers have been interviewed, and in such interviews we have endeavored to protect the interests of veterans who are now returning to their practices in our localities.

Respectfully submitted,

H. A. Johnston, *Councilor,*
First District.

SECOND COUNCILOR DISTRICT

Los Angeles County

To the President and the House of Delegates:

Your Councilor for the Second District has the following to report for the previous year.

Your Councilor attended all of the meetings of the California Medical Association Council. It being his first year on the Council, he became acquainted with the many duties and with the work required. In addition to the Council meetings, your Councilor has attended all but one of the meetings of Dr. Chandler's Special Committee, appointed by the House of Delegates, to investigate all phases of California Physicians' Service and other prepaid voluntary insurance plans. Their report will be given to the House of Delegates in May, 1946.

Many very interesting subjects have been taken up by the Council, not the least, of course, is our old subject of compulsory health insurance.

The minutes of the Council have been published in CALIFORNIA AND WESTERN MEDICINE at regular intervals for your study. I only hope as a Councilor that all of the delegates' alternates will attend the House of Delegates Meeting next May.

Respectfully submitted,

Jay J. Crane, *Councilor,*
Second District.

THIRD COUNCILOR DISTRICT

Kern, San Luis Obispo, Santa Barbara, Ventura, and Inyo-Mono Counties

To the President and the House of Delegates:

The Third Councilor District and its component societies take pleasure in welcoming home the majority of its members who have been in the armed forces. About 90 per cent have returned and resumed their former positions in the district. Increased population in the area still causes a heavy load on nearly all doctors. The component societies are all very active and quite well informed regarding the present trends in the social structure.

Respectfully submitted,

H. E. Henderson, *Councilor,*
Third District.

FOURTH COUNCILOR DISTRICT

Fresno, Madera, Kings, Tulare, Merced, Mariposa, Calaveras, San Joaquin, Tuolumne, and Stanislaus Counties

To the President and the House of Delegates:

Nearly all of the C.M.A. members from this district who have served in the armed forces have returned and are welcomed by the home guard of older practitioners. These men who have just discarded their uniforms, and are trying to reestablish themselves in the private practice of medicine have many problems to solve, housing facilities for their families, office space, and equipment, and hospital service for their patients are discouraging difficulties. All members that can help these men, who have served our country usually at great personal loss,

are urged to give every aid possible. This is an opportunity to apply the golden rule and help cement our profession into unity of friendship and purpose to win the impending struggle to preserve the American system of medical practice.

The membership has been asked to help in the education of the public on voluntary prepaid medical care and hospital service.

Respectfully submitted,

A. E. Anderson, *Councilor,*
Fourth District.

FIFTH COUNCILOR DISTRICT

Monterey, San Benito, San Mateo, Santa Cruz, and Santa Clara Counties

To the President and the House of Delegates:

The component counties of the 5th Councilor District have been visited or contacted since the last meeting of the House of Delegates.

Most of the members that have been serving in the armed forces have now returned to their former offices and many new men have come into the district.

It would be interesting to know that in Santa Clara County District, eighty-two (82) new members have come in since the onset of war. Thirty-six (36) of these eighty-two have served in the armed forces. Six (6) are women. This is an indication as to what has taken place in the whole district.

There is no doubt that there has been an increase in the population which will compensate for the number of returnees and new men that are now practicing.

Good programs have been held throughout the district during the year and the interest of the physicians in this district has been kept up in the local component societies.

The woman's auxiliary have been active in assisting the doctors throughout the year.

Respectfully submitted,

R. S. Kneeshaw, *Councilor,*
Fifth District.

SIXTH COUNCILOR DISTRICT

San Francisco County

To the President and the House of Delegates:

During the past year, the San Francisco County Medical Society has continued to work under a curtailed scientific program and has devoted a large portion of its activities to the transition from war to peacetime status.

The members returning from service in the armed forces have had numerous problems confronting them which the Society has made an effort to assist in solving.

Office space available has been, and is still, inadequate. Members of the Society have taken returning veterans into their offices, and the Society has made every effort possible to prevail upon building owners to recognize the rights of the returning service men.

Special committees to deal with the problems of the returning veteran have been appointed, and the special Service Fund has rendered assistance wherever possible.

During the past year, the Society employed a full time executive secretary, Mr. Frank J. Kihm. It is believed that the functions of the Society will be more efficiently carried out.

The Irwin Memorial Blood Bank has continued to serve the community and the surrounding area in splendid fashion.

Respectfully submitted,

John W. Cline, *Councilor,*
Sixth District.

SEVENTH COUNCILOR DISTRICT

Alameda and Contra Costa Counties

To the President and the House of Delegates:

In my reports for the past two years I have mentioned the shortage of hospital beds in my district. Now this shortage has become alarmingly serious. The increase in population for the city of Oakland alone, during the past five years is almost 100,000.

Doctors returning from the service have had considerable difficulty in obtaining office space: there is still an acute shortage of office space.

The above two facts have caused considerable dissatisfaction and resentment.

I feel that now, more than ever before, because of legal problems facing the entire medical profession we must have unity and harmony, and to obtain this we must have, first of all, knowledge of what is going on both inside and outside of the profession. With this in mind both Alameda and Contra Costa Medical Associations will continue to send their secretaries to all California Medical Association Council meetings.

I wish to take this opportunity to compliment Mr. Rollen W. Waterson, Executive Secretary of the Alameda County Medical Association, for the great progress he has made in developing the organization of Alameda County. He will be able to render his services to Contra Costa County in the near future.

Respectfully submitted,

Lloyd Kindall, *Councilor,*
Seventh District.

EIGHTH COUNCILOR DISTRICT

Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo and Yuba Counties

To the President and the House of Delegates:

The past year has been one of unusual legislative activity in Sacramento beginning in January of 1945 with attempts to pass compulsory health insurance and continuing through the special session of the Legislature in 1946 with its sickness insurance bills. As Councilor of the 8th District, I have assisted the C.M.A. legislative committee in opposing the above legislation chiefly through local cooperation. In addition, I have attended all regular and special meetings of the C.M.A. Council during the past year.

With improvement in transportation it is hoped that the annual visit to component medical societies of the 8th District which was interrupted during the period of hostilities will be resumed this year.

Respectfully submitted,

Frank A. MacDonald, *Councilor,*
Eighth District.

NINTH COUNCILOR DISTRICT

Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma, and Trinity Counties

To the President and the House of Delegates:

All through the year of 1945 all doctors in California were as busy as during the previous year, taking care of the increased population coming into this area from distant communities.

Your Councilor was able to visit in Sonoma, Napa and Marin counties only.

On Saturday, August 18, 1945, doctors of Marin, Napa and Solano counties were the guests at a tri-county meeting as the guest of the Sonoma County Medical Society at Feters Hot Springs.

There were no acute medical problems in any of the counties except Solano. The Stowe-Lipsett Clinical Group of Oakland, after short lived activity in the local Hous-

ing Units decided to discontinue their service. Since they discontinued and decided to continue on an active basis only in the Berkeley district, the Permanente Foundation has obtained a foothold in Solano County by furnishing prepaid medical service to employees of Mare Island Naval Shipyard who reside in the Housing Units. They have gone one step further than this and offer medical service to anyone living in the Vallejo area whether or not they are employed by the Shipyard.

We understand this medical service is not offered by the Permanente Foundation itself, but the medical service is guaranteed under the name of Dr. Sidney Garfield. The secretary of the Solano County Medical Society has recently requested information from Peart, Baraty and Hassard concerning this activity. The Society feels that the Housing Authority is exceeding its authority when it rents quarters to the Garfield group for \$1.00 a month, plus its utilities. In as much as California Physicians' Service received the same treatment that is being accorded Dr. Garfield, etc., the Housing Authority would seem to be fully justified. However, that may be, C.P.S. is a *nonprofit* organization while Dr. Sidney Garfield is in the practice of medicine, with his associates, for profit.

C.P.S. has withdrawn its medical service in the last of the Housing Units, namely, Chabot, as of January, 1946. It would appear to your Councilor that their activities in Chabot might very well have been continued for at least six or twelve months and would have automatically eliminated the Garfield group. The ultimate outcome of Garfield-Permanente in this area is problematical and brings a rather serious and irritating condition in the practice of medicine in Solano County. Medical Service in the Vallejo area is just as much of a problem for the local men of the C.M.A. as it has been for the past four years because the population of Vallejo and its environs continues in the neighborhood of 100,000.

Since V-J day three doctors have settled in the area, one of whom took over the practice of Dr. A. V. Doran, deceased member.

Respectfully submitted,

John W. Green, Councilor,
Ninth District.

REPORTS OF COUNCILORS-AT-LARGE

To the President and the House of Delegates:

As a Councilor-at-Large of the California Medical Association for the year nineteen hundred forty-five and forty-six, I have attended all of the Council meetings.

The year nineteen hundred and forty-six promises to be a year of great importance to the medical fraternity, because this year is the opportune time in which we can more or less determine the character of medical practice in the future.

Our prime purpose during the year nineteen forty-six should be to thrust forward with all of the combined strength and ability that we can summon, to further those forms of medical practice which are controlled by the medical profession and not by politically minded bureaus or commissions.

It is certain that our efforts must be felt in the political campaign which ends on Tuesday, November 5, 1946, to the end that we shall not be compelled to work with any lay controlled system of medical practice.

Those of our confreres who have returned from the armed services we hope will put every effort behind our fight to preserve with as little change as possible the method of practice they left behind when they entered the services of our country.

Respectfully submitted,

Edwin L. Bruck, Councilor-at-Large.

To the President and the House of Delegates:

The past year has been one filled with serious problems to which the council has given long and careful consideration. It has been my privilege to be present at these deliberations and to take an active part in keeping the men in my local community informed.

Respectfully submitted,

Edward B. Dewey, Councilor-at-Large.

To the President and the House of Delegates:

As one of your Councilors-at-Large, I have regularly attended the meetings of the Council during the past year, and have been gratified to note the courageous and at the same time wise manner in which the officers of the Association have dealt with current problems. I have accepted committee appointments as they were offered and have attempted to be conscientious in attending the committee meetings, especially the so-called Chandler Committee, for the study of prepaid medical care. It is my belief that the deliberations of this Committee will prove not only enlightening to the Committee members themselves but valuable over the long pull for the California Medical Association at large.

Respectfully submitted,

Sidney J. Shipman, Councilor-at-Large.

To the President and the House of Delegates:

As one of your Councilors-at-Large I have attended all regular and special meetings of the Council during the year; have visited a number of the component societies in the first district; and supported the activity of all organized groups of the district.

Respectfully submitted,

Walter S. Cherry, Councilor-at-Large.

To the President and the House of Delegates:

I have attended all the meetings of the Council and the House of Delegates and have engaged in all the deliberations and actions of both bodies. The ever present problems of compulsory health insurance and the California Physicians' Service have been the outstanding issues of this year. The progress that has been made in the general all around picture of the California Physicians' Service and the concerted effort of organized medicine to push the widespread use of the voluntary prepaid plan of medical care makes the bogey of socialized medicine seem a little further removed than at this time last year.

Respectfully submitted,

E. Earl Moody, Councilor-at-Large.

To the President and the House of Delegates:

The past year has presented many important problems for consideration, especially in the field of public relations and legislative activities.

As a member of the council, it has been my aim to contribute constructively to the various discussions to the end that organized medicine in California be directed in a logical long term program for the better medical care of the people of this State, and at the same time safeguard and strengthen the rights and privileges of private practice.

I am retiring from the council this May after six years of service, and while I give full credit to the able and unselfish service rendered by my fellow councilors I cannot refrain from expressing my conviction that there should be an unwritten law if not a constitutional amendment limiting the service of any one councilor to two consecutive three-year terms.

Surely six years should give any man full opportunity to express himself and to contribute what he has to offer. Then by withdrawing he can well continue his effective work in educating and informing his local associates while the democratic form of our organization is maintained in actual operation by the election of new blood to the council.

Dewey R. Powell, *Councilor-at-Large*.

REPORTS OF COMMITTEES

EXECUTIVE COMMITTEE

Executive Group

John W. Cline, Chairman
Philip K. Gilman, President
Sam J. McClendon, President-Elect
E. Vincent Askey, Speaker, House of Delegates
Philip K. Gilman, Chairman of the Council
John W. Cline, Chairman, Auditing Committee
George H. Kress, Secretary-Treasurer and Editor

To the President and the House of Delegates:

The Executive Committee has met in part or in whole nine times during the past year. In the intervals between Council meetings, it has transacted important business for the Council. When only a portion of the membership was present, the remaining members have been informed of actions by mail and their opinions and votes solicited.

All acts of the Executive Committee have been reviewed by the Council, and these actions and their approval have been published in the minutes of the Council.

Respectfully submitted,

John W. Cline, *Chairman*.

AUDITING COMMITTEE

Executive Group

John W. Cline, Chairman, 1946
Edwin L. Bruck, 1946
Lloyd E. Kindall, 1946

To the President and the House of Delegates:

The Auditing Committee has performed the functions laid down in the by-laws. The professional audit of the Association books showed them to have been accurately kept, and the Committee has submitted its recommendations for the 1947 budget.

The Committee recommended to the Council that the fiscal year of the California Medical Association be changed to date from July first instead of January first and the Council in turn has recommended this change to the House of Delegates.

Respectfully submitted,

John W. Cline, *Chairman*.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Executive Group

Dwight H. Murray, Chairman, 1947
Edmund T. Remmen, 1946
Lloyd E. Kindall, 1948
Philip K. Gilman, President, ex officio
Sam J. McClendon, President-Elect, ex officio

To the President and the House of Delegates:

The 1945 legislative session was one of the busiest ever experienced by the medical profession. During the closing days of the session an attempt was made to pass a Bill for Compulsory Hospitalization. There were two interim committees appointed, one consisting of seven men was appointed by the Assembly, and one consisting of five men appointed by the Senate. Each committee was to study the entire question of compulsory health insurance and make separate reports by June, 1946.

The regular session of the Legislature having adjourned the latter part of June left only a six months' recess until a special session was called on January 7, 1946.

At this session particular consideration was given to

Senate Bill 40 which had the endorsement of the Administration, C.I.O., A.F.L., and many others. This Bill was for sickness disability, that is, the unemployed who were ill might draw disability benefits for a total of 35 weeks at a maximum of \$20.00 weekly. This Bill, with some amendments was passed by the Legislature, signed by Governor Warren, and is now a law.

Also at this special session, we opposed the FEPC legislation which was decisively defeated.

Respectfully submitted,

D. H. Murray, *Chairman*.

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

Executive Group

John V. Barrow, Chairman, 1946
Anthony B. Diepenbrock, 1947
Edward F. Nippert, 1948

To the President and the House of Delegates:

The Committee on Associated Societies and Technical Groups has worked this year in about the same manner as in other years.

We feel we have been of some help to the Nurses Association and in part, to the Council of the State Board of Nurses Examiners. Much work was done in trying to aid in the Housing problem for the Nurses Schools, of which there are forty-one in the State.

We have suggested to the State Association that the State program have a member of the Nurses Association present the magnitude of their problems to the Doctors of the State.

With nearly fifty thousand nurses registered in the State of California, we are yet unable to supply the full quota of service to the hospitals and the public.

This problem should not be left entirely alone to the Nurses Association. They have done wonderful work and are building up the efficiency of the Nurses Schools to the highest standard that the State of California has ever seen. They need the assistance of every doctor in the State.

Each member of the committee has taken care of local community needs as his opportunity afforded. Other technical groups have made no call on the committee and have afforded no opportunity for helping them.

Respectfully submitted,

John V. Barrow, *Chairman*.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Executive Group

J. C. Geiger, Chairman, 1946
E. Earl Moody, 1947
C. M. Burchfiel, 1948

To the President and the House of Delegates:

Your Committee on Health and Public Instruction has kept in touch with public health activities. In promotion of proposed improvements in rural health service, letters have been sent to component county societies, and to agricultural groups. The rural medical service problems are now receiving increased and active attention by national and regional committees of the A.M.A.

Respectfully submitted,

J. C. Geiger, *Chairman*.

COMMITTEE ON HISTORY AND OBITUARIES

Executive Group

Morton R. Gibbons, Sr., Chairman, 1947
Hyman Miller, 1936
Robert A. Peern, 1948
George H. Kress, ex officio

To the President and the House of Delegates:

California Medical Association, founded almost 100 years ago, in 1856, now having a membership in excess of 7,000, making it the third largest state medical asso-

ciation in the United States, and with a glorious record in public health and other achievement, is unfortunate in that no history of the organization has ever been compiled or published.

This sad fact has been a source of regret to those physician members of the present day who hold that a knowledge of the worthy accomplishments of leaders who carried on the work in former years makes for increased and successful endeavor by those who at the present time must carry on.

It is a source of gratification to the Committee on

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THEY DIED FOR US

Members of California Medical Association Who Died While in Service During World War II

Altman, Allen A. (Lieut.) U.S.A.—4-11-43
Baxter, Clarence Pennell (Lieut. Col.) U.S.A.,
4-27-43
Briggs, Wallace R. (Lt. Comdr.) U.S.N., 12-18-44
Brumbaugh, Donald H. (Comdr.) U.S.N., 5-4-41
Caldwell, Jay H. (1st Lieut.) U.S.A.—2-27-43
Campbell, Henry S. (Major) U.S.A.—7-7-45
Curtin, Edward D. (Lieut. j.g.) U.S.N.—3-27-44
Davis, William Dewey (Captain) U.S.A.—4-23-45
Dillon, Joseph, Jr. (Lieut. s.g.) U.S.N.—12-6-42
Fesca, Helmut W. (1st Lieut.) U.S.A.—7-27-44
Gafford, James A. (Lieut.) U.S.N.—5-4-45
Gidley, Donald S. (Major) U.S.A.—6-5-42
James, Lloyd B. (Captain) U.S.A.—7-3-45
Keltz, Charles (Captain) U.S.A.—10-24-44
Königsberg, Jerome (Captain) U.S.A.—2-4-44
Kramer, Lowell Graft (Comdr.) U.S.M.—Date of
death unknown
Lennon, Thomas J. (Major) U.S.A.—11-12-44
Liljencrantz, Eric (Comdr.) U.S.N.—12-6-42
MacMillan, John Kerr (Captain) U.S.A.—10-5-45
MacPherson, William (Captain) U.S.A.—4-28-45
Miller, George B. (Lieut.) U.S.A.—7-14-44
Moore, John Wesley (Captain) U.S.A.—3-10-44
Neubert, Albert D. (Major) U.S.A.—10-29-43
Nolan, Oscar F. (Lieut. Col.) U.S.A.—11-12-44
Porporato, Albert J. (Lieut.) U.S.N.—4-28-45
Rethers, Charles A. (Lieut.) U.S.N.—5-26-43
Rhodes, George K. (Colonel) U.S.A.—7-23-44
Steele, Warren N., Jr. (Captain) U.S.A. Air Corps
—10-23-43
Sullivan, James M. (Colonel) U.S.A.—1-31-45
Vincent, Ward R. (Lieut. j.g.) U. S. Marines—
Oct., 1943
West, Jesse H. (Captain) U.S.A.—2-4-45
White, Alfred S. (Lieut. Col.) U.S.A.—2-13-46
Wisser, Leonard O. (Major) U.S.A.—11-17-45
Young, Dwight Dunham (Comdr.) U.S.M.—May,
1945

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History to call attention to the recent action of the Council of the California Medical Association in electing to the position of Honorary Historian, the retiring Secretary-Editor, Doctor George H. Kress. Because of his official connection with the California Medical Association since the year 1905, and because of his interest in Californiana, it is believed by your committee that the collection of memorabilia and the compilation and preparation of the same for use in an historical volume will now have a fair chance of realization. The Committee on History will be glad to lend all possible aid in the work.

To permit historical investigations and compilations to be carried on in efficient manner, the Committee on History suggests that the Association budget might well contain an allocation for necessary clerical and other needs.

Appended to this report appears a list of those of our

In Memoriam

Alameda County

Benjamin Warren Black (December 1, 1945)
George Ballantyne Brown (March 1, 1945)
George Vrooman Cochran (July 2, 1945)
Frederick William Hodgkins (April 6, 1945)
Fred Porter Nevius (June 14, 1945)
Sidney Nuttall Parkinson (October 31, 1945)
Lillian Sields (March 22, 1945)
Charles Henry Zander (June 16, 1945)

Colusa County

George Washington Desrosier (October 25, 1945)

Fresno County

Harold John Cooper (November 5, 1945)
Angus Bertrum Cowan (April 20, 1945)
Lloyd Bertram James (July 3, 1945)
Carl Henry Shuck (November 11, 1945)

Humboldt County

Lowell Graft Kramar (killed in action, U.S.N.)

Kern County

Jesse Headen Inman (July 1, 1945)

Los Angeles County

Albert Harold Aland (July 24, 1945)
James T. M. Allan (August 26, 1945)
Joseph T. Axline (August 14, 1945)
Richard Wortman Baker (August 8, 1945)
Horace Russell Boyer (November 10, 1945)
Ctimir Sclias Brazda (December 8, 1945)
Carl Gottlieb Bretthauer (September 21, 1945)
Miles John Breuer (October 14, 1945)
Mackall R. Bruin (March 10, 1945)
Annie Sophia Bullock (December 7, 1945)
Henry Sutherland Campbell (July 7, 1945)
Howard Russell Cooder (March 26, 1945)
William Dewey Davis (April 28, 1945)
Camilles Ogden Driver (August 2, 1945)
Newton Gurdon Evans (December 19, 1945)
Kendal Frost (September 26, 1945)
James Albert Gafford, Jr. (killed in action, U.S.N.)
Carl Victor Green, Jr. (December 18, 1945)
Josephine Agnes Jackson (December 31, 1945)
Joseph Warren Johnson (November 12, 1945)
Charles Keltz (October 24, 1945)
Kallim Basil Khuri (November 4, 1945)
Robert Ward Lamson (December 31, 1945)
Alonso E. Mack (November 20, 1945)
William Lewis Colquhoun MacBeth (Mar. 1, 1945)
John Kerr MacMillan (October 15, 1945)
William Alexander MacPherson (April 28, 1945)
Ernst Valentine Neumann (September 14, 1945)
Charles Eaton Phillips (June 15, 1945)
Lawrence Alexis Sagnella (October 29, 1945)
Joseph Shnearer (September 25, 1945)
Bertrand Smith (January 23, 1945)
Rogers Fairbanks Wakefield (September 3, 1945)
Emmet Leroy Wemple (February 10, 1945)

Mendocino County

Fletcher Jackson Van Meter (August 4, 1945)

Monterey County

James Harvey Clark (December 11, 1945)
Gustave Herman Taubles (January 24, 1945)
Walter Leon Teaby (May 2, 1945)

Orange County

Dean Cassius Brown (February 24, 1945)
Frederick William Weston (December 1, 1945)
Dwight Dunham Young (May, 1945)

Riverside County

Leon Mitchell Wilbor (December 5, 1945)

Sacramento County

Edward Saunders Babcock, Jr. (Sept. 3, 1945)
Beaumont Brown (July 2, 1945)

San Bernardino County

Frank Farnum Abbott (March 9, 1945)
Donald Harmon Brumbaugh (killed in action,
U.S.N.)
Stephen Adelbert Craig (June 26, 1945)

San Diego County

Thomas Maltby Cunningham (February 26, 1945)
William Russell Eastman (December 28, 1945)
Charles Summers Marsden (October 13, 1945)
Lester Mills Stearns (January 4, 1945)

San Francisco County

Lloyd Bryan (December 21, 1945)
 John McGrath Collins (September 2, 1945)
 Helmut William Pesca (killed in action, A.U.S.)
 Martin Icove Green (June 30, 1945)
 Arthur Proschold Kaelber (September 6, 1945)
 Pearl Elizabeth Koch (April 7, 1945)
 Clara Lydia Kohls (March 18, 1945)
 Frank Worthington Lynch (January 14, 1945)
 John Harold Mansfeldt (October 4, 1945)
 Albert Brown McKee (August 19, 1945)
 John McQuade (November 17, 1945)
 Albert John Porporato (April 28, 1945)
 James Fowler Pressley (May 25, 1945)
 Herman Joseph Schlageter (January 19, 1945)
 Kenneth Clark Strong (July 3, 1945)
 James McGeough Sullivan (January, 1945)
 David Armstrong Taylor (January 2, 1945)
 Helen Jane Waterman (October 14, 1945)
 Jesse H. West (February 4, 1945)

San Joaquin County

John Dysart Dameron (September 25, 1945)
 Hunter Lee Gregory (November 10, 1945)
 John Madison Hench (May 7, 1945)
 Boyd Merrill Krout (May 4, 1945)
 John James Tully (June 4, 1945)

San Mateo County

John Nelson Blood (December 26, 1945)
 Robert Fisher Montelth (April 10, 1945)

Santa Barbara County

Albert Joseph Holzman (August 21, 1945)
 Edgar Paul Murdock (June 24, 1945)
 Edgar Daniel Smith (August 15, 1945)

Santa Clara County

Adolph John Balocchi (February 16, 1945)
 Frederick Christian Garlach (October 4, 1945)
 Michael William Kapp (June 12, 1945)

Sonoma County

Henry Stanley Rogers (September 14, 1945)

Stanislaus County

Leonard Otto Wissner (November 17, 1945)

Yolo County

Chester Hyman Fairchild (September 6, 1945)

members whom Divine Providence has seen fit to take from our midst during the year 1945.

Colleagues who were in the Armed Forces, and who were killed in action are listed in a separate group.—They Died for Their Country.

Respectfully submitted,
 Morton R. Gibbons, Sr., *Chairman.*

**COMMITTEE ON HOSPITALS, DISPENSARIES
 AND CLINICS**
Executive Group

Clarence E. Rees, *Chairman*, 1948
 Benjamin W. Black, 1946* Ray E. Thomas, 1947
To the President and the House of Delegates:

A meeting of this committee has not been called during the current year. No problems have been presented by the Council, the House of Delegates, or the membership of the Society.

This committee stands ready to cooperate in every way should any problems arise or should its advice be requested.

Respectfully submitted,
 Clarence E. Rees, *Chairman.*

COMMITTEE ON INDUSTRIAL PRACTICE
Executive Group

Donald Cass, *Chairman*, 1948
 Carl L. Hoag, 1946 N. P. Dunne, 1947
To the President and the House of Delegates:

Your Committee on Industrial Practice has had no

* Deceased.

meetings during the year. The problems of industrial medicine and surgery are increasing in importance as the years go by, and the industrial doctor becomes more and more a specialist.

Our standing committee on industrial medicine has had no problems. The only pending question before the committee has been the request of increase in fee schedule. As you know, this is being handled entirely by our special committee, headed by our legal staff for the California Medical Association.

Respectfully submitted,
 Donald Cass, *Chairman.*

COMMITTEE ON MEDICAL ECONOMICS
Executive Group

H. Gordon MacLean, *Chairman*, 1948
 Howard W. Bosworth, 1946 Wayne J. Pollock, 1947
To the President and the House of Delegates:

The chairman of the Committee on Medical Economics met with the president of the California Medical Association and several members of the Executive Committee during the year and discussed the advisability of this committee initiating efforts to determine the type of prepaid medical insurance the doctors of the California Medical Association would sponsor and fully back. It was decided that the Interim Committee of the California Medical Association, for the study of medical care plans, under the chairmanship of Dean L. R. Chandler, would study this subject, therefore this committee took no further action. No further matters were referred to the committee by the Council.

Respectfully submitted,
 H. Gordon MacLean, *Chairman.*

**COMMITTEE ON MEDICAL EDUCATION AND
 MEDICAL INSTITUTIONS**
Executive Group

B. O. Raulston, *Chairman*, 1947
 William J. Kerr, 1946 L. R. Chandler, 1948
To the President and the House of Delegates:

Following termination of the war, medical education has been affected in these respects:

1. The Navy terminated its program for support of medical students in December, 1945.

2. The Army is to terminate its program for the support of all but Senior medical students in March, 1946.

3. Medical Schools will, with few if any exceptions, return to the teaching programs that were in effect before 1941.

4. Premedical students between the ages of 18 and 26 years are not to be deferred from Military Service if they are physically fit. The Freshman classes to be admitted in the autumn of 1946 must be selected from veterans, those physically disqualified for military service and women.

One item in the accelerated program for Medical Schools was an increase of from 20 to 25 per cent in the number of students in each class. What the future policy of the various schools will be in regard to this phase of acceleration is undetermined. If the various government services are to require much larger numbers of medical officers than they used before the war, perhaps the larger classes in Medical Schools may be counted upon to offset the removal of these men from civilian practice.

An extremely important and difficult task for all Medical Schools is an attempt to meet the demands of veteran doctors for additional professional training as they return from Military Service. Each of the four schools in California is providing increased numbers of residencies and offering a variety of graduate courses. It is impossible to

accommodate all who apply, but a strenuous effort is being made and an ever increasing number of possibilities are being offered. There are definite indications that the demand for this type of training will continue indefinitely. It is a challenge to the Medical Schools and it must be met as completely as possible.

The proposed changes announced by the Veterans' Administration will provide improved medical care for the patients and also a large number of residencies. This program will be of great value in the training of young doctors who have returned from military service.

Respectfully submitted,
B. O. Raulston, *Chairman.*

COMMITTEE ON MEDICAL DEFENSE

Executive Group

Nelson J. Howard, *Chairman*, 1947
Louis J. Regan, 1946 William A. Key, 1948

To the President and the House of Delegates:

The replies from the different State medical associations, in response to questionnaire on malpractice insurance sent out by John Hunton, Executive Secretary, have not been sufficiently studied or compared, as yet, to submit any recommendation to the State Association for their consideration.

Respectfully submitted,
Nelson J. Howard, *Chairman.*

COMMITTEE ON PUBLICATIONS

Executive Group

George W. Walker, *Chairman*, 1946
F. Burton Jones, 1947 R. H. Sundberg, 1948
George H. Kress, *ex officio*

To the President and the House of Delegates:

It has been difficult in the past years, because of government restrictions, to find space to publish all that should have been published. Extra demands brought on by essential wartime articles have crowded other meritorious material, but every effort possible has been made to publish all for which room could be found.

Respectfully submitted,
George W. Walker, *Chairman.*

COMMITTEE ON POSTGRADUATE ACTIVITIES

Executive Group

F. E. Clough, *Chairman*, 1946
H. F. Freidell, 1947 John C. Ruddock, 1948
George H. Kress, *Secretary, ex-officio*

To the President and the House of Delegates:

It was not possible in 1945 to present to the county medical societies, programs for postgraduate conferences. With the large number of C.M.A. members who were in military service, and the stress and strain under which civilian members were working, many of the component county societies found it difficult to carry on meeting routines, such as existed during pre-war years.

However, working in cooperation with the Wartime Graduate Medical Meetings committee, it was possible to present programs in military hospitals and adjacent centers.

An effort was also made to promote the use of medical films, a number of which were purchased by the California Medical Association, for use through the Committee on Postgraduate Activities. Unfortunately, during the last five years, very few new medical films were produced, on which account the films that were purchased needed supplementary comment by members, in order to bring out advances in procedure that had come to the front during the war years.

During the next few years a large number of up-to-date medical films on sound reels will be produced. It is to be hoped that it will be possible to promote the pur-

chase and use of such, because experience has shown that a good twenty to thirty minute film can add much to the interest of a meeting, thus making for better attendance in many county societies and more interesting county society meetings.

Under existing conditions, the functions of the Committee fell in good part on the shoulders of the Association Secretary, Dr. Kress, who as the committee secretary, and as editor of CALIFORNIA AND WESTERN MEDICINE, carried on the Committee's work.

Respectfully submitted,
F. E. Clough, *Chairman.*

COMMITTEE ON PUBLIC RELATIONS

Executive Group

John Hunton, *Director*

To the President and the House of Delegates:

All public relations activities for 1945 were turned over, by action of the Council, to a professional public relations firm. This concern is still operating on behalf of the Association under terms and budget arrangements approved by the Council, with emphasis on the spreading of public knowledge concerning the voluntary systems of health insurance.

Under these arrangements, the Department of Public Relations of the Association has not been active during 1945.

Respectfully submitted,
John Hunton, *Director.*

COMMITTEE ON SCIENTIFIC WORK

Executive Group

George H. Kress, *Chairman, ex-officio*
Fletcher B. Taylor, 1946 J. Homer Woolsey, 1947
Howard F. West, 1948
Francis L. Chamberlain, *ex-officio (for Medicine)*
Eugene J. Joergenson, *ex-officio (for Surgery)*
(In cooperation with Officers of Scientific Sections)

To the President and the House of Delegates:

During the last several years it has been necessary for the California Medical Association to limit itself to two-day streamlined Saturday-Monday annual sessions.

This year the Association returns to its former practice of four-day sessions such as were held for years at Hotel Del Monte in Monterey County.

Unfortunately the Association is now faced with the condition that hotel facilities for thirteen Scientific Sections and four accessory bodies are practically not available in California. Therefore, it has been necessary to return again to the Hotel Biltmore in Los Angeles, even though that hotel has been obliged to place a limit on the use of the facilities of its conference rooms, owing to standing and prior commitments.

This year, the work of the Section Officers has been made more difficult because of the transition from two to four-day meetings; and also because of the large number of C.M.A. members still attached to the military services, and the extent to which colleagues in civilian practice have had their time encroached upon through larger professional responsibilities, with less time for research studies.

In spite of the above and other handicaps, it is hoped that programs have been drafted that will have appeal and value to C.M.A. members who will be present.

The thanks of the central C.M.A. Committee are extended to all Section Officers who have cooperated in arranging the programs. The indulgence of attending members is asked for meeting room or other deficiencies that may arise during the meeting. It can only be said that efforts were made to reduce these to a minimum.

Respectfully submitted,
George H. Kress, *Chairman.*

EDITORIAL BOARD: CALIFORNIA WESTERN MEDICINE

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Daniel G. Morton, San Francisco

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John W. Crossan, Los Angeles

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Urology:

Frank Hinman, San Francisco

Albert J. Scholl, Los Angeles

Pharmacology:

W. C. Cutting, Menlo Park

Clinton H. Thienes, Los Angeles

To the President and the House of Delegates:

Thanks are hereby given to the members of the Board for their valuable assistance and ideas.

All issues of our JOURNAL have been well filled. State Association activities fill approximately one-third of the available pages. In addition to this, many excellent articles have been published, space being found for most of the desirable contributions.

The editorial columns have brought before our members many important subjects such as the Compulsory Sickness Insurance Law for California, the Wagner-Murray Social Security Amendment and Postwar Educational Facilities for Military Colleagues.

The editorial office is to be commended for the completeness of our JOURNAL and the promptness in which it is published and delivered. This is quite remarkable at a time when most foreign journals have suspended publication and many of our national journals are not only markedly reduced in size but also are from two to four months behind their scheduled appearance time.

As this report is sent forward, we learn that Dr. George H. Kress, who for so many years has been editor of CALIFORNIA AND WESTERN MEDICINE, now having reached retirement age, will relinquish his editorial duties to become the Honorary Historian of the California Medical Association. We wish to express to him our appreciation of the cordial cooperation he has given to the Editorial Board, and to extend good wishes as he takes

on the important work of gathering material for a history of the California Medical Association.

Respectfully submitted,

Albert J. Scholl, *Chairman*.

COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

PROCUREMENT AND ASSIGNMENT SERVICE

Executive Group

Harold A. Fletcher, San Francisco

Chairman for Northern California

William H. Kiger, Los Angeles

Chairman for Southern California

To the President and the House of Delegates:

The work of the Procurement and Assignment Service during the past year has been mostly concerned with the relocation of returning veteran doctors to their previous locations and the locating of new physicians from out of state in localities where their services were needed. After the defeat of Germany, and more so after the defeat of Japan, the Procurement and Assignment Service was deluged with a tremendous number of requests for information regarding locations available in California. It was readily seen that if such physicians were not located in places which needed them and concentrated in areas already adequately covered, it would not only work a great hardship on veteran physicians returning to their old locations, but would also deplete a great many out-of-state areas already understaffed with physicians. Procurement and Assignment Service, therefore, issued a directive to its county committees outlining the methods and policies to be followed in the classification of physicians locating in their areas. The publicity in the various medical journals which was given this program served the purpose of retarding the flow of out-of-state physicians into California, and in retarding the movement from one county to another in California during the rapid demobilization period. In February, 1946, the Procurement and Assignment Service was instructed to discontinue all further classification of physicians, this work was discontinued.

The remaining part of the program of the Procurement and Assignment Service had been mostly the carrying out of the directives concerning interns and residents in approved hospitals. This work is almost completed as after April 1, 1946, the 9-9-9 program will be discontinued for interns and residents, and after July 1, 1946, there will be no further quotas allocated to approved hospitals. Interns who were appointed for the nine months ending April 1, 1946, are allowed to continue for another three months to July 1. All residents whose appointments end on April 1 and who hold reserve commissions will be called to active duty and will be replaced to a great extent by young veterans returning from active duty who need and wish further hospital training.

Respectfully submitted,

Harold A. Fletcher, *Chairman*.

COMMITTEE ON LOCAL ARRANGEMENTS

Executive Group

E. T. Remmen, Chairman

L. A. Alesen

W. H. Geistwelt, Jr.

Louis J. Regan

Arthur E. Varden

George H. Kress, ex-officio

S. K. Cochems, ex-officio

To the President and the House of Delegates:

The greatest difficulty faced by the Committee on Local Arrangements this year was the securing of ample hotel accommodations for members attending the annual session. Because of postwar congestion in Los Angeles, hotels with the exception of a very few, were loath to

set aside any large number of rooms. A number of hotels refused to cooperate. Appreciation is expressed to those hotel managers who did assist to the best of their ability.

The responsibility of attempting to provide accommodations was placed on the office of the Los Angeles County Medical Association and was accepted. Every hotel that could offer acceptable housing facilities was contacted. Reservations were made through the office of the Association and a system used to avoid misunderstandings. The doctor obtaining a reservation received a card from the Association stating exactly what his reservation was. A duplicate of this card was sent to the hotel at which the reservation was made, and a triplicate card was retained at the office of the Los Angeles County Medical Association.

Respectfully submitted,

E. T. Remmen, *Chairman.*

COMMITTEE ON PHYSICIANS' BENEVOLENCE Executive Group

Axel E. Anderson, *Chairman*
Robert A. Peers Elizabeth Mason-Hohl
To the President and the House of Delegates:

During the calendar year 1945, receipts for the fund were \$5,604.00 from the California Medical Association, plus \$50 interest, plus \$1,146.67 from the Woman's Auxiliary to the California Medical Association; making a total of \$6,800.47. Disbursements amounted to \$4,600.00. Our disbursements to the Los Angeles County Physicians' Aid Association were increased to \$500 per month. One needy old doctor in Fresno County is receiving \$25 per month. We are, of course, providing only a little help. Our ideal of decent and complete care of our own is a future objective that it is hoped will be realized. The Los Angeles County Physicians' Aid Association has offered to cooperate with the C.M.A. to provide a center for the housing and complete care of our needy. Good progress has been made. But substantial contributions will be required to realize the goal of \$500,000 deemed necessary. About \$160,000 of this amount has already been subscribed. Donations for this fund are deductible for income tax returns. Bequests and subscriptions for this fund are approved charity, and is recommended for the consideration of all C.M.A. members.

Respectfully submitted,

Axel E. Anderson, *Chairman.*

COMMITTEE ON ORGANIZATION AND MEMBERSHIP Executive Group

Carl L. Mulfinger, *Chairman*, 1947
L. H. Redellings, 1946 Harold G. Trimble, 1948
To the President and the House of Delegates:

The Committee on Organization and Membership of the California Medical Association hereby begs to make its report for the year 1945. There is appended a summary of the C.M.A. County Society memberships for the year 1945 as compiled by our central office. An increase in membership of the entire organization is to be noted. As there is a decrease of military members day by day, this present data will be somewhat obsolete.

All the component county societies have been making a special effort to reinstate their war veteran society members in their former practices. Of necessity this report is too brief to go into detail regarding the methods of aid for returning veterans. In order to acquaint the new members of the County and State Society with the history, traditions, and obligations, an indoctrination program was recently instituted by the Los Angeles County Medical Society which has as its object the betterment of

professional relations within the group, and a comprehensive knowledge of the County and State Association.

Respectfully submitted,

Carl L. Mulfinger, *Chairman.*

C.M.A. County Society Membership Totals for Calendar Year 1945

County Medical Societies	Mem- ber ship in 1944	Number Licensed Physicians (1945 State Directory)* (C.M.A. and non-C.M.A.)	Civilian C.M.A. Mem- bers in 1945	Military C.M.A. Mem- bers in 1945	Total C.M.A. Mem- bers 1945
Alameda	636	711	543	127	670
Butte-Glenn ...	36	35	28	10	38
Contra Costa ..	68	99	67	6	73
Fresno	156	133	120	37	157
Humboldt	36	34	25	11	36
Imperial	25	21	14	11	25
Inyo-Mono	12	13	7	4	11
Kern	78	86	59	20	79
Kings	23	20	15	8	23
Lassen-Plumas- Modoc	20	18	10	6	16
Los Angeles.....	3,095	4,014	2,609	638	3,247
Marin	52	64	41	13	54
Mendocino-Lake	28	35	17	10	27
Merced	30	19	19	14	33
Monterey	75	78	55	18	73
Napa	41	50	32	8	40
Orange	135	136	98	39	137
Placer-Nevada- Sierra	38	36	28	9	37
Riverside	79	101	66	11	77
Sacramento	178	155	151	32	183
San Benito	7	9	5	2	7
San Bernardino.	183	177	143	41	184
San Diego	367	431	267	114	381
San Francisco..	1,197	1,404	918	324	1,242
San Joaquin....	110	92	78	34	112
San Luis Obispo	30	31	24	5	29
San Mateo	98	113	82	22	104
Santa Barbara ..	128	109	87	41	128
Santa Clara ...	233	216	181	61	242
Santa Cruz	45	40	36	11	47
Shasta	26	17	14	8	22
Siskiyou	14	17	10	2	12
Solano	49	71	48	5	53
Sonoma	73	80	56	20	76
Stanislaus	56	48	38	18	56
Tehama	8	11	7	1	8
Tulare	56	59	41	16	57
Ventura	52	55	38	20	58
Yolo	27	17	24	3	27
Yuba-Sutter- Colusa	27	23	20	9	29
Total	7,627	8,878	6,121	1,789	7,910

* Note. The numbers of licensed physicians under the respective counties are those which appear in such listings in the 1945 Directory of the State Board of Medical Examiners. The State Board of Medical Examiners does not list in the county rosters the names of licensed physicians who are in military service. These are listed in the alphabetical index which commences on page 51 of the 1945 Directory, the name of each such military member being marked by a star.

CANCER COMMISSION Executive Group

Lyell C. Kinney, *Chairman*, 1946
Whitfield Crane, *Vice-Chairman*, 1947
Orville N. Meland, *Secretary*, Southern California, 1946
David A. Wood, *Secretary*, Northern California, 1948
Harold Brunn, 1946 Gertrude Moore, 1947
George Sharp, 1947 Henry J. Ullmann, 1948
James F. Rinehart, 1948

To the President and the House of Delegates:

On May 7, 1945, the House of Delegates referred the question of "Prevention Clinics" to the Cancer Commission for further study and early report to the Council. That study has been made and the report has been submitted to the Council. During the year, at the direction

of the Council, the members of the Cancer Commission have acted as members of the State Executive Committee of the American Cancer Society. With the help of Mr. H. Hassard an effort has been made to make a compact business organization and articles of incorporation have been drawn up to place the work in California on a permanent business basis.

On July 1st, Mrs. Helen Ingalls Ullmann retired as State Commander of the Field Army after five years of efficient, devoted service. The medical profession in California is greatly indebted to her for her effort to develop cancer control in this State and for her close cooperation with the California Medical Association.

The new Commander, Mrs. Doris Ryer Nixon, comes to the work of the Cancer Society thoroughly trained in organizational problems. She is intensely interested in the cancer control program, is giving generously of her time and is cooperating fully and efficiently with the representatives of the California Medical Association.

The Cancer Commission has arranged for a revision of the Cancer Commission Studies of 1934. This will be developed along the lines of the Cancer Manuals published by Massachusetts, Iowa and Michigan and the work should be ready for distribution during the current year.

With the return of the men from military service it is possible to reopen the pre-convention conferences under the direction of the Cancer Commission. The conference on Radiology and the conference on Pathology will be held this year on the day preceding the annual meeting.

The principal work of the Cancer Commission, i.e., that of supporting and organizing approved cancer clinics in general hospitals and of postgraduate education of physicians in cancer, is developing slowly, but the Commission expects to press this program during the coming year.

Respectfully submitted,
Lyell C. Kinney, *Chairman*.

CALIFORNIA PHYSICIANS' SERVICE

Executive Group BOARD OF TRUSTEES

Lowell S. Goin, M.D., President, Los Angeles
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P. K. Gilman, M.D., San Francisco
C. L. Mulfinger, M.D., Los Angeles
Rt. Rev. Thomas J. O'Dwyer, Los Angeles

* * *

EXECUTIVE STAFF

W. M. Bowman, Executive Director
A. E. Larsen, M.D., Medical Director
W. H. Gardener, M.D., Assistant Medical Director

To the President and the House of Delegates:

This report on the activities of the California Physicians' Service for the year 1945 must necessarily be shorter than usual since the final reports are not available at this time. A final report will be reported at the House of Delegates Meeting in May, 1946.

REORGANIZATION

At the meeting of the new Board of Trustees in May, 1945, in Los Angeles, Mr. William M. Bowman was chosen as the Executive Director of the California Physicians' Service. Mr. Bowman was chosen after the committee had searched for one year for an Executive Director. He has ably reorganized the California Physi-

cians' Service business structure and has more than fulfilled our hopes as a business executive. He has made many changes in personnel and also in business procedures. These changes have resulted in a marked increase in efficiency of the organization. Dr. Larson has remained as Medical Director in the North and Dr. Gardener as Medical Director in the South.

NEW PAYMENT SYSTEM

Soon after Mr. Bowman took charge, he realized that the financial situation of the California Physicians' Service was not satisfactory. One of the reasons that the financial situation had occurred was caused by doctors being late in submitting their bills, thereby forming a hidden liability. The Board of Trustees have ruled that all physicians must have their bills presented to the California Physicians' Service within ninety days after completion of the case. In August, 1945, the unit value was dropped from \$2.25 to \$2.00. This procedure was recommended by Mr. Bowman since the increase in rates for the membership had not been fully in effect, would not be fully in effect for at least nine more months. At the present time the increase in rates are fully into effect and with the \$2.00 unit value our financial condition was gradually improved so that the deficit of \$279,144 as of October, 1945, has now been reduced to \$137,912 as of May 1, 1946.

FEE SCHEDULE

The Fee Schedule committee has made a thorough study of the Fee Schedule of the California physicians during the past few months. There have been a few changes but with no definite lowering in rates. The fee on some procedures has been lowered while on others it has been raised. This will produce a redistribution of money at a more equal level.

RELATION WITH HOSPITAL ASSOCIATIONS

C.P.S. continues to write its own hospital service contract in Northern California and operate jointly with Hospital Service of Southern California, whereby, hospital contracts and medical service contracts are handled jointly. The Board of Trustees are aware of the importance of a Statewide hospital plan with one standard policy being developed in the very near future.

PROFESSIONAL MEMBERS

Throughout the year there has been a gradually increased number of professional members with California Physicians' Service, until at the present time we have over 6,500 professional members distributed throughout the State, whereby, we are now able to furnish medical service to any beneficiary member in any part of the State of California. Sacramento County now has ample professional members to furnish medical care in that vicinity. It has been particularly gratifying to see the eager response of most returning veterans to become professional members of California Physicians' Service.

BENEFICIARY MEMBERSHIP

There has been a gradual increase in the number of beneficiary members until at the present time there are about 202,192. This has been accomplished under most trying conditions. A large number of our beneficiary members were working in war plants. Immediately after V-Day many of these war plants closed down with large numbers of Beneficiary members dropping their policies. Then, shortly after this, a large number of strikes occurred and men were laid off, accordingly because of strikes, their membership necessarily lapsed and we lost

large numbers of beneficiary members in this manner. However, many of them are returning as the strikes have been settled. Considering the rapid loss of memberships due to the closing of war plants and strikes, the acquisition of new members has gradually increased in spite of our loss, so that a slow and gradual growth has been made. As soon as employment problems are settled on a permanent basis, we expect a rapid increase in growth from our beneficiary members.

THE WAR HOUSING PROGRAM

This program as you will remember was developed as a war emergency to take care of these people in certain areas where physicians were not available. C.P.S. did a magnificent job in this and has been commended by the Procurement and Assignment and other government agencies. These programs are now closed and we have no further programs in operation.

RURAL PROGRAM

During the past year we have been able to negotiate with the State Grange where a large number of farmers will be able to acquire California Physicians' Service. The rural programs which have been conducted under the Farm Security Administration will gradually be absorbed under the State Grange program. In a very short time there will be no more rural program under the Farm Security Administration.

VETERANS' PROGRAM

On February 1, 1946, the Veterans' Administration of Washington, D. C., signed a contract with California Physicians' Service, whereby veterans with service connected disabilities could contact their own doctors in their own communities and receive treatment for service connected disabilities. C.P.S. will pay the doctor according to the regular C.P.S. schedule and will be reimbursed by the Veterans' Administration.

An enormous amount of credit must be given to Mr. Bowman and Dr. Larson for the efficient way this program has been worked out. It has been estimated that at the present time there are approximately 1,350,000 veterans in the State of California. It has been estimated that approximately 60 per cent of returning veterans are claiming war disability. C.P.S. is fortunate in having an efficient business organization setup ready to handle this tremendous increase in business. This plan is not on a prepaid basis, it is strictly a fee for service basis.

SUMMARY

During the past year, Mr. Bowman, as Executive Director, has made many important changes in C.P.S. These changes in personnel and business procedures markedly increased the efficiency of our organization. We are now ready to handle large volumes of beneficiary members and expect to gain them rapidly during the next year. C.P.S. has been invited to Montana and New Mexico during the past few months to aid them in setting up similar plans of medical service in their own states. This has been done without cost to C.P.S. and plans are now operating in New Mexico and Montana. Two other states have asked for similar aid and we expect to have similar organizations in those states within the very near future.

Our financial situation has improved steadily and faster than we had hoped. This improvement has been due to the increased dues and improvement in office procedures which resulted in reduced costs.

C.P.S. now is in the most healthy state it has been since

its infancy. It is under the direction of an Executive Director who has shown fine executive ability in his direction of business and sales procedures and has C.P.S. on a sound, financial and actuarial basis. Although we are still faced with the threat of socialized medicine on a Federal level and possibly on a State level, C.P.S. is now in a better position than ever to combat this sort of legislation. C.P.S. has proven that it can furnish medical service to the lower income groups efficiently, at a low cost that these groups are able to pay.

The Board of Trustees are particularly gratified with the increased coöperation of the medical profession in making this plan work. The future of C.P.S. is now secure and we are equipped with actuarial data, statistics and business procedures, whereby, we may handle large numbers of beneficiary members.

C. L. Cooley, *Secretary*.

PROFESSIONAL ADVISORY COMMITTEE TO THE BUREAU OF VOCATIONAL REHABILITATION

Executive Group

John W. Cline, *Chairman*

J. B. Harris Gertrude Moore
E. Vincent Askey L. C. Kinney

To the President and the House of Delegates:

The Professional Advisory Committee of the Physical Restoration Program of the Bureau of Vocational Rehabilitation has again been increased in size.

The Advisory Committee has met once during the year, and individual members have coöperated with the Bureau in the establishment of satisfactory procedures and an equitable fee schedule.

Recently, Dr. Martin Karv of the State Department of Public Health has been appointed a full time physician in the service of the Bureau. Mr. H. D. Hicker, Chief of the Bureau, has continued the excellent coöperation with the Advisory Committee, which was favorably reported to you last year. Mr. J. R. Davidson has also been extremely coöperative. The addition of Dr. Karv to the staff should further the work of the Bureau and should materially assist in satisfactory adjustment of the problems of the medical profession.

Respectfully submitted,

John W. Cline, *Chairman*.

COMMITTEE ON E.M.I.C.

Executive Group

Karl L. Schaupp, *Chairman*

<i>Northern Subdivision</i>	<i>Southern Subdivision</i>
Karl L. Schaupp, <i>Chairman</i>	Donald G. Tollefson
Lawrence Jacobus	William B. Thompson
Mast Wolfson	B. O. Raulston
John W. Sherrick	Charles G. Curtis
	Sam J. McClendon
	George H. Kress, <i>Secretary, ex-officio</i>

To the President and the House of Delegates:

Problems arising in connection with E.M.I.C. as administered by the Federal Children's Bureau of the United States Department of Labor through constituted State Agencies (in California, through the Bureau of Maternal and Child Welfare of the California State Department of Public Health) have been many, and at times distressing. CALIFORNIA AND WESTERN MEDICINE has given considerable space in discussions thereon.

Since the Federal funds available for E.M.I.C. work have been dispensed only with approval of the Federal Children's Bureau, it was necessary for State Agencies to conform to the Federal Children's Bureau rules and directives.

It is of interest to note that proposed and similar legislation in Congress (such as S.1318, by Senator Pepper) are closely related to the program as carried on through

E.M.I.C. It is desirable that the medical profession maintain an active interest in existing and proposed legislation related to maternal and child welfare.

Respectfully submitted,

George H. Kress, *Secretary.*

LIAISON REPRESENTATIVE TO CALIFORNIA VETERANS' COMMITTEE

To the President and the House of Delegates:

Due to the fact that the meetings of the California Veterans' Commission were held during business hours I have been unable to attend many of the committee meetings this year. However, I have kept in close touch with the activities of this Commission and especially with those functions which were directly or indirectly related to the practice of medicine.

The most important medical contribution to the activities of this Commission thus far has been the assistance given by those psychiatrists who served on local Community Veteran Affairs Committees. At the present time the rehabilitation of veterans is progressing rapidly and smoothly with active coöperation by the medical profession wherever necessary.

Respectfully submitted,

Frank A. MacDonald, *C.M.A. Representative.*

COMMITTEE ON POSTWAR PLANNING

Executive Group

Harold A. Fletcher, Chairman

B. O. Raulston, Chairman Southern California

L. R. Chandler

Philip K. Gilman

Benjamin W. Black*

John W. Cline

Phoebus Berman

John Hunton

Wilton L. Halverson

W. T. Harrison

A. B. Diepenbrock

William P. Shepard

Frank W. Otto

William H. Kiger

To the President and the House of Delegates:

The following is a report of the Committee on Postwar Planning:

The organization meeting of this committee was held at the Town House, Los Angeles, on May 7, 1945. The members appointed to serve were as follows:

L. R. Chandler, M.D., Dean, Stanford University School of Medicine, Clay and Webster Sts., San Francisco, Calif.

B. O. Raulston, M.D., Dean of the University of Southern California, Los Angeles, Calif.

Benjamin W. Black, M.D., Superintendent, Alameda County Hospitals, Oakland, Calif.

Phoebus Berman, M.D., County Hospital, Los Angeles, Calif.

Wilton Halverson, M.D., Director, State Department of Public Health, 760 Market St., San Francisco, Calif.

A. B. Diepenbrock, M.D., 450 Sutter St., San Francisco, Calif.

Frank Otto, M.D., 3875 Wilshire Blvd., Los Angeles, Calif.

Philip K. Gilman, M.D., Chairman, Council of the California Medical Association, 450 Sutter St., San Francisco, Calif.

John W. Cline, M.D., 490 Post St., San Francisco, Calif.

Mr. John Hunton, Executive Secretary, California Medical Association, 450 Sutter St., San Francisco, Calif.

Colonel W. T. Harrison, Regional Medical Director, U. S. Public Health Service, Appraisers' Bldg., San Francisco, Calif.

William P. Shepard, M.D., Medical Director, Metropolitan Life Insurance Co., 600 Stockton St., San Francisco, Calif.

* Deceased.

William Kiger, M.D., Southern California State Chairman, Procurement and Assignment Service, 1930 Wilshire Blvd., Los Angeles, Calif.

Doctor Harold A. Fletcher was elected as permanent chairman of the committee. Doctor B. O. Raulston was made chairman of the Southern California part of the committee in order that the work of the northern and southern parts of the State could be coöordinated more efficiently without the necessity of frequent meetings of the committee as a whole. Meetings of the full committee were held on July 23, 1945, and on December 14, 1945, at the California Medical Association headquarters, 450 Sutter St., San Francisco.

The relocation of returning veteran doctors was one of the main problems with which the committee was faced. Of particular importance was the problem of placing returning veterans in desired residencies with hospitals, and listing other opportunities of refresher courses. It was the opinion of the committee that as the Procurement and Assignment Service had the authority to guide the relocation of physicians, this program should continue under the direction of Procurement and Assignment, and until February 12, 1946, this was left to the Procurement and Assignment Service. At that time Procurement and Assignment Service issued a directive discontinuing the policy of classification of doctors and now serves only as an agency to point out places needing new physicians.

Plans for coöordinating and channeling requests for residencies and refresher courses were worked out, in order that returning veteran doctors could find opportunities with least delay. Doctors Raulston and Chandler acted as a subcommittee to coöordinate the work of the medical schools and approved hospitals along these lines.

The question as to whether the present Medical Practice Act needed certain revisions to protect the people of California, as well as other states, under the present regulations for licensing physicians was discussed at length and the committee voted to request the Council of the California Medical Association to undertake a comprehensive study of this question.

The committee has made every endeavor to correlate and coöordinate the work of the American Medical Association Committee of Postwar Service and other agencies working on these problems.

Respectfully submitted,

Harold A. Fletcher, *Chairman.*

ADOPTION LAWS

Executive Group

Philip K. Gilman, Chairman

George H. Kress

Donald G. Tollefson

To the President and the House of Delegates:

During the last year, at the request of the State Social Welfare Board of the California Department of Social Welfare, a special committee consisting of Philip K. Gilman, Donald G. Tollefson and George H. Kress was appointed to represent the California Medical Association in conferences made possible by a donation from one of the California Foundations, through which it was hoped to bring in a report to be submitted to the next California Legislature; with recommendations for changes in existing laws, through which the health and other welfare of founding children would be better safeguarded.

Several meetings have been held in San Francisco and Los Angeles, a study director and clerical aids having been employed to proceed aggressively with the plans.

In due time reports insofar as the same relate to the responsibilities of physicians in the adoption of foundling and other children will be called to the attention of mem-

bers of the California Medical Association. In the meantime this progress report is presented for the information of C.M.A. members.

Respectfully submitted,
George H. Kress, *Secretary*.

LOCAL COMMITTEE ON ARRANGEMENTS FOR THE CONVENTION OF THE AMERICAN MEDICAL ASSOCIATION

Executive Group

John W. Cline, *Chairman*

To the President and the House of Delegates:

The American Medical Association will meet in San Francisco, July 1-5, of this year. The short time between the meeting of the House of Delegates in December, and the meeting in San Francisco has greatly increased the burden of making arrangements for this meeting.

The responsibility for these arrangements is primarily that of the San Francisco County Medical Society. The officers and members of neighboring Societies have been extremely coöperative and have expressed a willingness to help in any way they can. Arrangements are progressing satisfactorily, and it is believed that the American Medical Association will have a satisfactory session in San Francisco.

Respectfully submitted,
John W. Cline, *Chairman*.

ADVISORY PLANNING COMMITTEE

Executive Group

John Hunton, *Chairman*

Howard Hassard Stanley Cochems
Rollen Waterson Ben Read

Frank H. Kihm

To the President and the House of Delegates:

The Advisory Planning Committee has held monthly meetings, in accordance with the instructions of the House of Delegates, and has reported to each meeting of the Council. Recommendations of the Committee have been shown in the Council minutes, which have been printed regularly in the OFFICIAL JOURNAL.

In addition, the Committee has studied matters referred to it by the Committee on Prepaid Medical Care and has reported to that committee, which in turn has reported to the Council and the House of Delegates.

Respectfully submitted,
John Hunton, *Chairman*.

COMMITTEE ON PREPAID MEDICAL AND HOSPITAL CARE

Executive Group

L. R. Chandler, *Chairman*

Harry E. Henderson Peter Blong
Sidney J. Shipman John E. Young
Jay J. Crane Wayne E. Pollock
Samuel Ayres, Jr. A. E. Moore
William G. Donald A. M. Meads

To the President and the House of Delegates:

Your Committee on Prepaid Medical and Hospital Care has met regularly since the formation of the committee, has studied California Physicians' Service, medical care and hospital plans elsewhere in the United States, surveys of beneficiaries of various types of medical care plans in California, has met with representatives of private insurance companies, employer and labor groups, has kept in touch informally with the Council of the California Medical Association and will submit a detailed report and recommendations to the House of Delegates at its 1946 meeting.

Respectfully submitted,
L. R. Chandler, M.D., *Chairman*.

COMMITTEE ON PREPAID MEDICAL AND HOSPITAL CARE

Executive Group

L. R. Chandler, *Chairman*

Sidney J. Shipman H. E. Henderson
Wayne Pollock Jay J. Crane
A. E. Moore William G. Donald
A. M. Meads J. E. Young
Peter Blong Samuel Ayres, Jr.

To the President and the House of Delegates:

This committee was appointed at the 1945 Annual Session of the C.M.A. to study California Physicians' Service and other prepaid medical and hospital care plans both voluntary and compulsory and instructed to make periodic reports to the Council of the C.M.A., and to make such recommendations concerning the subject of study as the committee may consider advisable to the House of Delegates of the C.M.A. at its next regular meeting. This committee has had numerous meetings beginning July 15, 1945. These meetings were attended regularly by all the members.

In considering the problem of prepaid medical and hospital care, the committee has studied various documents, survey reports and other written information, including the Foote, Cone and Belding, the Mannix and the Knight-Parker surveys. The committee spent considerable time studying and informing itself on the present policies, management and operation of California Physicians' Service. It had a study made of C.P.S. by the Advisory Planning Committee of the C.M.A. and spent a full day with this committee in discussing its findings and report.

It had access to the report of the study of C.P.S. made by the National Physicians' Committee for the Extension of Medical Service. Meetings were held with the Medical Director, the Executive Director and the former assistant director of C.P.S. for Southern California. At the committee's request a survey of opinion of members of employed groups receiving health service from (1) C.P.S., (2) commercial insurance companies, (3) by closed panel health service organizations, was made by Knight & Parker for the committee. Mr. W. Glenn Ebersole made an extended study and lengthy report on twenty-two prepaid medical care and hospital plans in other states and spent one day with the committee discussing these findings. Doctor Philip K. Gilman, President, made a personal survey of several health service programs in other states and reported thereon at length to the committee.

The committee met with representatives of seven private insurance companies for a lengthy discussion. A meeting was held with representatives of the three hospital service agencies now operating in the State of California. A meeting was held with representatives of industry in California including officials of the San Francisco Employers Council, the Los Angeles Chamber of Commerce, the Los Angeles Merchants and Manufacturers Association and the California State Chamber of Commerce. A full day was spent with Mr. Jay Ketchum, Executive Vice-President of Michigan Medical Service and President of Associated Medical Care Plans, Inc., the recently organized agency of the A.M.A.

During deliberations the committee considered the proposals contained in the American Plan, submitted by the Association of California Hospitals; the California Plan, submitted by a group of private insurance companies; and a plan submitted through the Advisory Planning Committee of the C.M.A. by Mr. Ralph Walker, Executive Director of Hospital Service of Southern California.

Invitations were issued and attempts were made to meet with representatives of the California State Federation of Labor, California State Council of the C.I.O.

and the Brotherhood of Railroad Trainmen. No acceptances to these invitations were secured.

On the basis of these interviews, studies and deliberations, the committee unanimously agrees on the following:

1. That the medical profession in California should endorse and actively support the voluntary system of prepaid medical care.

2. That the California Medical Association continue its active sponsorship of a voluntary prepaid medical and hospital care program permitting free choice of physician and hospital.

3. That the voluntary system of prepaid medical care should be as comprehensive as is practicable but should not be complete, should require the beneficiary to share in the financial cost thereof and should avoid unnecessary hazards to actuarial and financial soundness.

4. That the administrative and overhead costs of the operation of C.P.S. are high and out of proportion to those of other voluntary prepaid medical care plans.

5. That all employers be urged to share in the cost of voluntary prepaid medical care, which is a deductible operating expense.

6. That the establishment of voluntary prepaid medical care plans in various states and localities is a new development. All such efforts have made costly errors and mistakes and California is no exception. The American Medical Association, recognizing these facts, has established an advisory board to aid in the organization, improvement and coördination of such statewide plans.

In view of the above studies and opinions your committee makes the following recommendations to the House of Delegates of the C.M.A. with the full knowledge that members of the House are the main body of Administrative members of California Physicians' Service, in order to provide a more satisfactory and efficient voluntary prepaid medical program in California:

1. That the contract offered to the public by C.P.S. provide both a service type to beneficiaries in a low income group and an indemnity type to beneficiaries whose income is above an agreed income level.

2. That fees paid to physician members under the fee-for-service type of contract shall be the only fee received by the physician and the monthly dues be the only cost to the beneficiary member whose income is below an agreed level.

3. That the system of payments to physicians by C.P.S. be changed to a designation of dollars rather than unit value.

4. That physician members be entitled to arrange for an additional fee paid directly by the patient, in addition to the fee paid by C.P.S., for such beneficiary members whose income is above the agreed income level.

5. That the beneficiary member be free to choose any licensed physician and surgeon, which includes an osteopathic physician and surgeon, and that C.P.S. make payments to any physician chosen by a beneficiary, whether or not such physician is a physician member of C.P.S.

6. That all physicians receive the same fee according to the fee-for-service schedule.

7. That the Board of Directors of C.P.S. revise the fee schedule biennially, this revision to be made upon the recommendation of a committee appointed by the Council of the C.M.A., and that this schedule be maintained at a level as high as possible to insure the greatest coverage for the greatest number at the maximum practical fee to the physician.

8. That the upper income level for fee-for-service be established at \$2,400 annual gross income for an individual without dependents and \$3,000 annual gross income

for an individual with dependents. It is recognized that this income level requires revision periodically.

9. That hospital service must be on a Statewide basis and synchronized with medical service provided by C.P.S. If the administration of C.P.S. and the hospital service agencies in California cannot agree within 90 days on a unified program that C.P.S. proceed to provide Statewide hospital care as well as medical care in its contract.

10. That a survey by outside competent experts be made to determine the soundness of actuarial experiences and financial, business and operating procedures of C.P.S., and that all expense in connection with management and overhead be reduced to an amount adequate for efficient business operation.

11. That the Board of Trustees of C.P.S. be enlarged to fifteen members, four of whom shall be experienced lay business executives. Each member of the board shall be paid an appropriate fee for each meeting attended.

12. That in the operations of C.P.S. each component unit be delegated the necessary authority to fulfill its particular function and be made responsible for the authority. Concretely, we recommend that the Board of Trustees be allowed to function as a business body without interference from outside individuals or agencies; that the management executives of C.P.S. be granted similar authority and not be interfered with by the Board of Trustees. If the trustees, managers or others prove themselves incapable of performing their obligations, they should be replaced.

13. That the positions and duties of the medical director and assistants be reviewed with the recommendation that they be employed by the Executive Director on a basis consistent only with adequate medical direction, and be responsible to him.

14. That the term "professional member" be changed to "physician member."

15. That the management of C.P.S. use all effective means of keeping physician members informed of the operating procedures and financial status of the organization.

16. That the California Medical Association and its individual members continue sponsorship of California Physicians' Service and the voluntary systems of prepaid medical care. Every possible aid shall be given to the successful operation of these plans and to active cooperation with the Council on Medical Service and Public Relations of the American Medical Association.

Félix Dujardin (1805-1860).—The work of one of his predecessors, O. F. Müller, led Félix Dujardin to a simpler division of microorganisms into bacteria, vibrii, and spirilla. For his criticisms of the work of another, C. G. Ehrenberg, he was much taken to task. However, he abided by his own observations only, and did not hesitate to point out when they departed from the precepts of Ehrenberg. When it was said that he had poor microscopes and an inadequate knowledge in their use, he convincingly disproved the charge by inventing an apparatus which doubled the strength of the microscope of that period.—Warner's *Calendar of Medical History*.

Theodor Schwann (1810-1882).—The cellular study of human tissues by Schwann was stimulated by a chance conversation with Schleiden, who had established the cellular nature of plants in 1831. Schwann's classic on the cell theory was published in 1839. He demonstrated the influence of organisms and lower fungi in producing putrefaction. The germ theory of Pasteur, and its application by Lister is traceable to his influence.—Warner's *Calendar of Medical History*.

ANNUAL COUNTY MEDICAL SOCIETY REPORTS

FIRST DISTRICT

Imperial, Orange, Riverside, San Bernardino, and San Diego Counties.

Herbert A. Johnston, Anaheim, *Councilor.*

Imperial County Medical Society

The Imperial County Medical Society recently elected Dr. Charles Cutshaw of Brawley, President, and Dr. George Cole of Brawley, Secretary, for the ensuing year.

Due to the return of quite a few veterans we expect to have more complete and better attended meetings during the coming year.

MARIAN HUBBELL,
Secretary.

Orange County Medical Association

Many of our men are returning from service. This with a number of new men coming into the county is beginning to take some of the pressure off our men. The relocation of our service men is made difficult by a shortage of office space. In six months more this readjustment should be pretty well complete.

RUSSELL I. JOHNSON,
Secretary.

Riverside County Medical Association

The Riverside County Medical Association is proud to announce that 100 per cent of its members who have served in the armed forces are now released and have resumed their former positions.

The second Monday of each month at 8:00 P.M. the Association meets at the Riverside Community Hospital. A scientific program is presented and is followed by a business session.

The secretary of the Association publishes a monthly bulletin which is distributed the first week of each month.

W. K. TEMPLETON,
Secretary.

San Bernardino County Medical Society

The San Bernardino County Medical Society in the latter part of 1945 began to pick up in interest and attendance which has steadily increased until our meetings are now well attended. Our programs have been featured by talks and the showing of pictures of scenes in the various theaters of war, given by members returning from service in the armed forces, and interest has steadily grown.

Our meetings are held the first Tuesday of each month, October to June, both inclusive, and discontinued through the hot summer months.

Of the forty-five members who entered the armed forces, the following have been discharged and returned to private practice, either in San Bernardino County, or are pursuing further study and training before their return:

Kenneth H. Abbott, Russell E. Atkinson, M. G. Beaver, O. A. Bosshardt, Elmer O. Carlson, Wayne M. Caygill, James J. Cecil, Charles J. Clock, Wm. L. Cover, Francis L. Crowley, T. F. Ford, Harold G. Gentry, Arthur R. George, Joseph S. Hayhurst, Gordon Helstrom, Cecil W. Hoff, Eugene H. Hull, Leland C. Jacobson, Joseph Langer, N. B. Lawrence, Frank C. Melone, Ben D. A. Milano, H. Milford Nelson, James R. Savage, Philip M. Savage, Jr., Leonard M. Taylor, Marcus D. White, Delbert B. Williams, Robert N. Williams, Julius Zelman.

Postgraduate meetings have not been held during the past year, but we expect to again hold them in the coming year.

ARTHUR E. VARDEN,
Secretary.

San Diego County Medical Society

Cessation of much of the war production activities in San Diego County has brought little relief from the work being done by the Society members. Approximately half of those in military service have returned and are getting back into civilian harness. As elsewhere, the great problem has been to find office space for them. The situation is critical and the Society through the P. and A. Committee is doing its best to relocate these returning veterans. They are beginning to take over some of the load that those remaining behind have been carrying. We are looking ahead with some hope and apprehension to the question of offices for those still to come home.

During the past year we admitted 24 new members, about half of whom were veterans seeking new locations. A large list of applicants is still to be acted on, and the Society is considering the extension of its probationary period from six months to one year.

Hospitalization is still a matter of concern with a shortage existing as during the war period. This is especially acute in the case of those suffering from tuberculosis.

Under consideration is the matter of securing an executive secretary for the Society. Within 20 years we have grown from a small group of about one hundred to a large group of approximately four hundred. A full time man is needed for the job of secretary for the duties involved have expanded to such a degree that no man in active practice can carry on efficiently. The plan is still quite nebulous as yet and will receive our most careful consideration.

Regular monthly dinner meetings are now in full swing, but we are again faced with the problem of space to accommodate the greatly increased membership. The military group stationed here in Southern California has afforded us splendid programs for which we wish to thank our comrades in arms. (?)

The Emergency Medical Service under the O.C.D. has "folded up" but we are continuing on a peacetime disaster basis under the Red Cross. Thanks should be given publicly to Dr. Toomey who laid the foundation for our most efficient medical setup and carried on until he himself was called into service. As we look back over those hectic days, it seems astounding that such an organization was built up and maintained while he carried on, together with his committee, the private practice of medicine with the tremendous influx of war workers.

Thanks should also be given to the Procurement and Assignment Committee under the chairmanship of Dr. Simpson for its efficient work. No committee has ever functioned so satisfactorily and faithfully as that group did. As stated before, it is now functioning as a relocation committee for our returning members.

We are infusing younger blood into our official family, especially from those who were in military service. We feel that they are in a position to take up the burdens of the Society with new vigor and perhaps a newer viewpoint after being away from private practice. It is our hope that the next few years will see a great expansion in activities and influence of Society.

W. H. GEISTWEIT, JR.,
Secretary.

SECOND DISTRICT

Los Angeles County.

Jay J. Crane, Los Angeles, *Councilor.*

Los Angeles County Medical Association

The past year has been an exceedingly busy one for the Los Angeles County Medical Association, its various standing and special committees, its Board of Trustees, its Council and its officers, because of the many and varied problems that developed with the end of the war.

Many months before the war ended a special committee on post war planning, Dr. Donald Charnock, Chairman, after many meetings developed a comprehensive program to lend all possible aid and assistance to members when they returned to civilian practice from the various theaters of action.

Most difficult of solution was the providing of adequate office space. All practicing members of the Association were requested to aid in this endeavor—to offer part time office facilities or to give up part of their own space to medical veterans until these veterans could obtain offices of their own.

As early as 1944, the Board of Trustees recognized the need to provide financial aid to some of the returning members. A voluntary assessment was established resulting in a fund which is used to grant emergency loans, without interest, to those returning members who have need for immediate funds to reestablish themselves.

With the rapid growth in membership there developed a situation beyond the capacity of a committee on admissions to manage. In answer to this an indoctrination program, affecting all applicants, was developed and is now in operation. Applicants must attend a series of six lectures, two of which are held each month. The subjects of these lectures are: "Medical Organization," "Medical Ethics," "Medical Education and Medical Economics," and "Medical Malpractice."

After the applicant has completed attendance at all six lectures he meets with members of the various committees conducting this indoctrination course and must pass

an examination on the subjects discussed before his application is acted upon by the Council.

On January 31, 1946, the Association celebrated its seventy-fifth anniversary with a jubilee banquet at the Biltmore Hotel's Bowl, attended by 900 members and guests, with Doctor George H. Kress acting as master of ceremonies. For this occasion an anniversary issue of *The Bulletin* was prepared, presenting the history of medicine in Los Angeles County for the past seventy-five years, together with the histories of the various branches and sections, health departments and pioneer hospitals. This history will be reprinted in monograph form to be presented to new members of the Association so that they may have an understanding of the background of the organization to which they belong.

With its reminiscences and satisfaction over past accomplishments, the Association's Diamond Jubilee was a happy occasion indeed. Straight furrows cannot be plowed, however, by looking backward, although an occasional glance behind is necessary to proper orientation. Like a boy in last year's coat, the Los Angeles County Medical Association has outgrown its home. There was confident belief on October 25, 1934, when the present building was opened, that it would serve our needs indefinitely. Now, slightly more than eleven years later, with a rapidly growing membership which will probably exceed 4,000 by the end of the year, the available room is quite inadequate. Membership in 1934 totaled 2,143.

The auditorium, with a comfortable seating capacity of about 300, accommodates section meetings nicely, but important general meetings which attract a large attendance must be held elsewhere. This alone is not of too much importance, since meetings of that size are seldom held more often than once or twice a year. The large area of the county encourages attendance at branch programs and militates against the success of general meetings in the headquarters building. If this were not the case, a large auditorium would be an urgent necessity.

The library sorely needs additional space for book stacks, work rooms for librarians, and study rooms. Much material has not yet been catalogued and accessions are steadily increasing. With a third medical school for Los Angeles now assured, and with increasing demand for facilities for postgraduate study, our library should be made one of the finest of its kind. More assistant librarians are also needed if the demands of members for research service are to be properly served.

The Association's office staff is badly crowded. There is not sufficient space in the area allotted to offices for the necessary corps of stenographers, bookkeepers, clerks and *Bulletin* personnel. Consequently, some must work in whatever available nook they can find elsewhere in the building. The routine work involved in handling applications for membership, transfers, payment of dues and innumerable requests for information and assistance from members and from the general public has become very heavy. Notices of meetings must be mailed and insurance premiums cleared on the group health and accident program. *The Bulletin* must be addressed and mailed twice a month, a most inconvenient task with present space limitations. Members frequently request that reprints or other material be addressed with the Association's addressograph facilities. Other duties are numerous.

The room upstairs is no longer adequate for use as a restaurant. It is, moreover, in constant demand by sections and other groups. The Auditorium is in use almost every night, and consequently the smaller groups must assemble upstairs. When dinners are served, caterers are called in. With the dining room enlarged and additional space obtained for the smaller meetings, it should be possible to resume serving meals to members at noon.

To predict the needs of the Association beyond the next four or five years is impossible under present unsettled and changing conditions. There is a large and apparently growing wave of immigration to California and especially to Los Angeles County. Over 200 applications for membership are now pending. No one knows to what extent this will increase or how long it will last. If it goes on for more than one or two years without recession all present plans will be grossly inadequate. There has been a tendency to decentralization, and retail business has pushed westward along Wilshire Boulevard and other thoroughfares. If this is to continue, it might be wiser to acquire a building site farther west for future use. If, on the other hand, the imminent construction of high speed freeways from outlying parts of the county tends to fix the center of retail business at or near the present downtown district, our location is ideal where it is, even if the existing building is eventually replaced by one of several stories. Informed opinion seems to favor the latter possibility.

Guided by these considerations, the Board of Trustees, with the approval of the Council, has instructed architects to prepare drawings preliminary to obtaining bids for the construction of an addition to the present building. This will provide additional room for the library, for the secretary's office staff, for committee rooms, and will permit enlargement of the dining room. The cost of construction would be well within the Association's means and it seems to be the most economical way to meet the needs of the foreseeable future. An architect's sketch of the building as it would appear if enlarged according to plan will be found on page 174 of the 75th Anniversary Bulletin. There is, of course, no assurance that shortages of materials and labor may not delay construction indefinitely.

Long range plans for the future should consider fully the eventual needs of the geographic branches of the Association. The largest of them, repeating the history of the parent organization, will find as they approach a membership of four or five hundred, not many years hence, that a permanent home with auditorium, lounge, and a reasonably adequate branch library is not only desirable but almost necessary. Smaller groups can meet at any convenient cafe or hotel dining room but, as membership increases, temporary expedients become unsatisfactory. It is to be hoped that there will be the same careful conservation of funds in the future as in the past, and that the Association will at all times be in a position to assist its component units to obtain suitable facilities as each attains the requisite size. Likewise, each of the larger branches should conserve its own funds with this end in view.

Much credit for carrying on the innumerable tasks of the past year goes to members of the various committees who have rendered yeoman service in meeting many very difficult problems.

E. T. REMMEN,
Secretary.

THIRD DISTRICT

Inyo-Mono Counties, Kern, San Luis Obispo, Santa Barbara and Ventura Counties.
Harry E. Henderson, Santa Barbara, Councillor.

Inyo-Mono County Medical Society

It has become our policy to welcome, as associate members, our dentist colleagues. Being geographically isolated from their own county societies, Inyo-Mono dentists attend and hold office in our Society.

The year 1945 has shown what united action by physicians of a Society can do in remedying problems facing us.

On July 1, 1944, we adopted as our official fee schedule for industrial accident work, the C.M.A. schedule compiled in 1942, and presented to insurance companies of this State on December 30, of that year.

Since that time all insurance companies doing business in this area have fallen into line and are paying our fees in full, with two exceptions. Several companies were very graceful in accepting our schedule, a few were less so, but have now accepted it; while the two exceptions have been very uncooperative. They have finally been notified by all of us that we will no longer accept accident cases under their insurance policies. We are holding the patients' employers responsible for the cost of medical and surgical care. We believe that it will not now be long before those insurance companies will see the light and begin to cooperate.

L. S. BAMBAUER,
Secretary.

Kern County Medical Society

The Kern County Medical Society meets every third Tuesday, except June, July, and August at a dinner session at Stockdale County Club under the presidency of W. H. MacDonald.

Dr. Sophie L. Goldman was president and Dr. Juliet Thorner, secretary. Dr. Vincent Rounds invited very excellent speakers throughout the entire year. On February 26, 1945, Mr. Glen Ebersole addressed the group of two hundred lay members at a dinner meeting discussing California Physicians' Service and Blue Cross Hospitalization. He also discussed Governor Warren's Health Insurance Program. This was a very successful meeting and we received many fine comments about it. During the September meeting, the Society unanimously endorsed the forthcoming C.P.S.-Blue Cross enrollment campaign to be carried out on a community basis, Bakersfield and surrounding communities during the month of February, 1946.

The November meeting: Dr. William H. MacDonald was elected president, Dr. James Stanton, President-elect, Dr. Frederick Wynia, Secretary and Treasurer. Board of Directors are as follows: Drs. J. M. Nicholson, H. A. Rivin, Lucille B. May, C. I. Mead, L. C. McLain, J. Headen Inman, Keith S. McKee. Delegates: Drs. Sophie Lovén Goldman, J. Headen Inman. Alternates: Drs. F. J. Gundry, William H. Moore.

On July 15, 1945, Dr. J. Headen Inman died. His loss is deeply felt by all as a member and a loyal supporter of organized medicine.

FREDERICK O. WYNIA,
Secretary.

San Luis Obispo County Medical Society

The San Luis Obispo County Medical Society, with a membership of twenty-nine members in 1945, held eleven meetings, most of which were given over to scientific programs.

The membership of twenty-nine included the following who were in the armed forces of the United States: Elmer Bingham, U. S. Navy; Newell Nay, U. S. Navy; Charles R. Kennedy, U. S. Army; Albert Shershow, U. S. Army, and F. F. O'Reilly, U. S. Army. Of these members Drs. Bingham, Nay and Shershow have been honorably discharged and have re-located outside this county. Dr. Kennedy has been honorably discharged and has returned to his former practice in Paso Robles; Dr. O'Reilly is still in the U. S. Army, according to latest reports; Dr. Edison A. French, who formerly practiced in this county, was also honorably discharged from the U. S. Navy, has resumed practice in San Luis Obispo, and has been elected to active membership in this Society.

There were only two practicing physicians in this county in 1945 who were eligible for and were not members of this Society. There were no deaths among the membership during 1945. The following physicians have located within this county during the latter part of 1945 but had not established residency long enough to be eligible for membership in 1945 but plan on applying in 1946: Dr. John Aldis, Dr. Paul Kotin, Dr. Helen Tepper, Dr. Laurence Gaeb, Dr. Elvin Wical and Dr. Barry Smith, all in San Luis Obispo; Dr. Herbert Swartout in Arroyo Grande; Dr. R. H. Bossert in Paso Robles; Dr. Richard Walters in Atascadero; and Dr. Jack Sleath in Nipomo.

During the past year the Society members have played an active part on the staffs of the San Luis Obispo County General Hospital in San Luis Obispo and the northern Branch in Atascadero.

Meetings are held the third Saturday evening of each month, except July, and are usually alternated between San Luis Obispo and some other city in the county. Visiting or new physicians in the county are most welcome and urged to attend.

G. DAVID KELKER,
Secretary.

Santa Barbara County Medical Society

The Santa Barbara County Medical Society has an active membership of 127, of whom 9 are still in the armed forces. Regular meetings are held on the second Monday of each month (except July and August), at 8:15 p.m., at the Bissell Auditorium of the Santa Barbara Cottage Hospital. It is the policy of the Society to have prominent members of the medical profession from outside of Santa Barbara present papers at each meeting.

The annual meeting was held January 8, 1945, at the University Club. Forty-five members and fourteen guests attended.

The program during 1945 was:

February: Mr. W. Glen Ebersole, special representative of the C.M.A., "Results of Survey by C.P.S. Showing Trend of People in Regard to Socialized Medicine."

March: Malcolm R. Hills, M.D., Professor of Coloproctology at the College of Medical Evangelists, "Role of Anal Glands in Pathogenesis of Ano-Rectal Disease."

April: Captain John F. Flynn, Jr., United States Public Health, "Recent Advance in Treatment and Control of Venereal Diseases."

May: Samuel Ayres, Jr., of Los Angeles, "Common Errors of Diagnosis in Skin Conditions."

June: Commander Leonard T. Furlow, M.C., U.S.N.R., "New Procedures and Methods Used in Neurological Surgery."

September: Devoted to Business.

October: Helen M. Johnston, M.D., Director, Rheumatic Fever Program, State Dept. of Public Health and Assistant Clinical Professor of Pediatrics, University of California Medical School, "Diagnosis and Management of Rheumatic Fever."

November: John M. Brown, M.D., Clinical Professor of Otolaryngology at University of Southern California, "Sinusitis." Also: Howard P. House, M.D., Assistant Clinical Professor of Otolaryngology at University of Southern California, "Deafness and It's Modern Treatment."

December: Film dealing with "Sterility, It's Causes, Correction and Treatment."

During the year our Society was saddened by the loss of four of our members who were actively in practice. These men were: Walter S. Franklin, M.D. and A. J. Holzman, M.D., both of Santa Barbara; E. P. Murdock, M.D., of Guadalupe and Edgar D. Smith, M.D., of Solvang.

The Santa Barbara County Medical Society ended the year with most of its military veterans back into practice. It is hoped the remaining few will soon be with us.

CHARLES A. PREUSS,
Secretary.

Ventura County Medical Society

The Ventura County Medical Society has a total membership of 53. Five of these are inactive because of military service. Fourteen members have returned from service during the past few months and are now in active practice.

Meetings are held on the second Tuesday of each month at the Ventura County Country Club at Saticoy. An excellent dinner precedes each meeting. Members rotate in serving as program chairmen. The scientific meetings have included interesting and instructive motion pictures as well as lectures by prominent outside men and members of the Society.

As elsewhere, there is a shortage of nurses and hospital beds, but the fine cooperation shown by the doctors and hospitals has minimized these problems.

Members of the Society are active in the American Tuberculosis Association, the American Society for the Control of Cancer as well as civic groups for the study and control of local problems.

G. H. ARNOLD,
Secretary.

FOURTH DISTRICT

Calaveras, Fresno, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare, and Tuolumne Counties.
Axel E. Anderson, Fresno, Councilor.

Fresno County Medical Society

During the year 1945 the Fresno County Medical Society held nine regular meetings, July and August being observed as a vacation period.

The Society meets at the University-Sequoia Club, and our scientific programs usually consist of a talk by one of the staff members of the University of California, Stanford or University of Southern California Medical Schools.

One program each year is a joint meeting of doctors, dentists and lawyers. This program is arranged by one of the three organizations, alternating each year. This meeting is held during the month of May. The afternoon is spent playing golf, and a dinner meeting, with an outstanding speaker, is held in the evening. One program each year is also held in conjunction with the Woman's Auxiliary to aid in coordinating the work of the Auxiliary with that of the Medical Society.

During the last three months of the year many of our doctors who were in the service returned relieving some of the strain thrown on the older doctors of the community during the war years. Many of these returning physicians have had difficulty in obtaining offices, but this situation is gradually improving.

WM. L. ADAMS, JR.,
Secretary.

Kings County Medical Society

During the year 1945, members of the Kings County Medical Society managed to take care of medical demands, and held eight meetings. Seven out of the nine members in the Service are back in practice again.

WILLIAM F. CHAMLEE,
Secretary.

Merced-Mariposa County Medical Society

The activities of the Merced-Mariposa County Medical Society have been rather limited during the past year, since many of the members are still in the service. Business meetings were held, however, from time to time, and a good time of fellowship enjoyed by those who were able to attend.

With the return of most of our members from the service, we are anticipating a year of greater activity,

fellowship and cooperation. Regular monthly meetings with programs, sponsoring prospective speakers are being planned for the coming year.

C. C. FITZ GIBBON,
Secretary.

San Joaquin County Medical Society

At the end of 1945, the total active membership of the San Joaquin County Medical Society stood at 110 members of whom 33 were still actively engaged in the military service. During the year the membership was saddened by the death of five highly respected members: Doctor Boyd Merrill Krout, Doctor John D. Dameron, Doctor John M. Hench, Doctor John J. Tully, Doctor Hunter L. Gregory. Five new members were added, three by election and two by transfer.

Ten regular meetings and one special meeting were held during the year in the club rooms of the Medico-Dental Building, 242 N. Sutter Street.

The quality of the scientific meetings was maintained on a high level by the following colleagues:

Jan. 4—"Radiologic Diagnosis of Chest Conditions," Dr. Seymour Farber, University of California.

Feb. 5—"War Injuries of the Extremities," Major Brown, Hammond General Hospital.

March 3—"Surgical Experiences in the U. S. Army," Doctor W. Curphy, Stockton.

April 10—"Health and Morale of the German Prisoners of War," Major Lester Tretheway, Stockton Ordnance Depot.

May 5—"Medical Education and Practice of Medicine in Brazil," Dr. H. D. Chope, Stockton.

June—Report on the meeting of the House of Delegates of C.M.A., Doctor Frank Doughty, Tracy.

Sept. 6—"Some Medical Problems of the U. S. Navy," Lt. Comdr. D. F. Cashman, U.S.N.R., Navy Supply Annex, Stockton.

Oct. 4—"Surgical Problems in the Pacific," Dr. Emil Holman, Stanford University Medical School.

Nov. 2—"Acute Pleurisy as a Dehydrating Phenomenon in Diabetic Coma," Dr. Louis Armanino, Stockton.

"Some Pathological Chest Conditions," Dr. Chas. Webster, Stockton, California.

Dec. 9—"Surgical Infection in Reconstruction Surgery of War Wounds," Capt. R. Rhinelander, M.C., U.S.A.

"Some Aspects of Fracture Treatment," Major P. Burack, M.C., U.S.A.

The special meeting was held on February 21st to hear the radio address of Governor Earl Warren on his "Sickness Insurance" program and for a discussion of the activities of the C.M.A. by Mr. Glenn Ebersole, Special Representative of the California Medical Association.

During the year the Society was served by the following competent officers: President, Dr. Yale Brody; Vice-President, Doctor Dora Ames Lee; 2nd Vice-President, Doctor Hugh J. Bolinger; Secretary-Treasurer, Doctor George H. Rohrbacher.

H. D. CHOPE,
Secretary.

Stanislaus County Medical Society

The usual scientific and social meetings were held by the Stanislaus County Medical Society during 1945.

At the end of the year a number of our members returned from the armed service, resulting in greater attendance and enthusiasm at medical meetings.

R. R. TREADWELL,
Secretary.

Tulare County Medical Society

Tulare County Medical Society has held regular monthly meetings throughout 1945. Dr. Charles Mathias as President and Dr. James C. Malcolm as Secretary have provided interesting and instructive scientific programs at each meeting. Dr. George C. Kelper has acted as Program Chairman throughout the year.

At the present writing many of those who have been in the armed forces are back in civilian practice. We wish to extend a hearty welcome to Drs. Powell, Brady, DeBusk, Zumwalt, Barber, Cronmiller, Cooley, MacKinnon, Blasdel and P. D. Miller, this being the list of those who have returned as far as it has been compiled.

Plans are being formulated for an active year of society meetings. It is hoped that we can join with Kings County in some of the more instructive programs. The regular meeting date at Tulare County Medical Society is the last Thursday of each month. Meetings are generally held at the Hotel Johnson, Visalia, California.

IRVIN H. BETTS,
Secretary.

FIFTH DISTRICT

Monterey, San Benito, San Mateo, Santa Clara, and Santa Cruz Counties.

R. Stanley Kneeshaw, San Jose, Councilor.

Monterey County Medical Society

Regular meetings of the Monterey County Medical Society were held the first Thursday of each month (excepting June, July, and August). The meetings were alternately held in Salinas and Monterey.

The roster of the Society now includes seventy-six members. Of this number ten still remain with the armed forces. The Society lost two of its members through death. These were Dr. G. H. Taubles of Carmel, California, and Dr. Walter L. Teaby of Monterey, California. Dr. William A. Carnazzo and Dr. Harry Powers were elected members of the Society, the latter through transfer from the Los Angeles Medical Society.

Guest speakers for the meetings included Dr. Stanley Kneeshaw, Mr. Glenn Ebersole, Mr. A. J. Davina, Dr. LeRoy Brooks, and Lieut. F. P. Shidler. Subjects presented and discussed were State Medicine, Health Legislation, E.M.I.C. program, C.P.S., Gastric Surgery, and Abdominal Injuries. For the April meeting the Society members were guests of the Fort Ord Hospital Staff. Several papers including case reports were presented. Subjects included Perforated Peptic Ulcer, Meningitis, Treatment of Plonidal Cyst and War Psychoneuroses. Several of the meetings were featured by motion pictures.

S. A. CARNAZZO,
Secretary.

San Benito County Medical Society

The San Benito County Medical Society has six members, all in active civilian practice. Two members transferred to other counties upon their return from military duties. No meetings were held during 1945.

JOHN J. HARUFF,
Secretary.

San Mateo County Medical Society

The following is a report of the San Mateo County Medical Society for 1945:

The present membership of the San Mateo County Medical Society consists of 100 active members; 6 associate members and 4 members still in the armed services. During the year 8 members were added to the Society. Twenty-seven of our members entered the military service. All except four of these have returned to their civilian practices.

All the members that were added during the year were declared essential by the local and state Procurement and Assignment Committees. Over 100 physicians have sought to enter practice in this county during the past year. These men were interviewed by a special representative committee of our Society, the purpose of which was to acquaint the applicants with the medical situation in this county. As a result of these interviews, about 60 per cent of the men failed to actually apply for membership.

The agreement by which the building belonging to San Mateo Community Hospital had been used as an Annex to Mills Hospital has recently been revoked. The building is to again revert to San Mateo County.

PAUL SWEENEY,
Secretary.

Santa Clara County Medical Society

The Santa Clara County Medical Society was gratified by the return to civilian practice of forty-four of its members from the armed forces late in the year of 1945. Many have commended the County Procurement and Assignment Committee for its work in advising and assisting the many physicians who have considered locating in Santa Clara County.

A formal announcement of the return to civilian practice was carried in various newspapers by the County Society, and every effort has been made for these doctors' original patients to return to them.

We have an active Visiting Nurse Association which includes the Metropolitan visiting nurse, the Red Cross nurse, and other visiting nurses who do hourly nursing rather than regular nursing, and this is under the supervision of the physician. This is paid partly by funds from the community funds, and partly by the individual patient.

The American Cancer Society now has an office and a secretary, and is cooperating very efficiently with the Tumor Clinic which has been functioning for four years. This office does most of the paper work, supplies transportation, checks the patients for reexamination, and is

also providing hospital beds for needy patients and beds for terminal care.

The County Tuberculosis Association has an X-ray Traller service which has gone very extensively throughout our community, screening individuals free of charge. The small stereoscopic plates made are checked by doctors in our County Society who are qualified to read the plates, and any abnormalities are referred to the family physician. Further checks are then made, so we have a very active crusade against tuberculosis in this community.

We have found in our community considerable misunderstanding in regard to the Crippled Children's Act as set up by our State Legislature, and we are having explained in our County Society the facilities as covered by this act, and then endeavoring to use this clinic as a teaching clinic so that we can be informed of the newer methods in the care of crippled children.

We are actively engaged in the plans of the establishment of a Blood Bank using Red Cross facilities which can aid in our obtaining a Blood Bank of sufficient size for our community need.

A committee has been designated to explore the value of obtaining an Executive Secretary for the Society.

The returning servicemen are very definitely a benefit to our Society with their interest, knowledge, and cooperation in helping these above-mentioned activities become functioning projects.

FRED W. BORDEN,
Secretary.

Santa Cruz County Medical Society

Under the able leadership of President A. A. Cowden, the Society had a very successful year. With the easing of wartime limitations and restrictions it was possible to hold seven meetings. In February, Commander Merrill Mensor, U.S.N.R., addressed the members on the subject, "Medical Impressions in the South Pacific." At the February 27th meeting the subject of "Prepaid Health Insurance" was discussed. Councillor Kneeshaw and State Senator H. R. Judah were present and participated. In April, Doctor Francis Chamberlain presented a paper on "Modern Advances in the Treatment of Heart Diseases." At the May meeting, Doctor Ernest W. Page discussed "Management of Toxemias of Pregnancy." Doctor Henry Brainard was the speaker at the September meeting and the subject was "The Pneumonias." In October, Doctor Leon Goldman spoke on "Acute Cholecystitis and the Patient with Common Duct Disease." The December meeting was the annual business meeting at which time officers for 1946 were elected. We are happy to report that, at the close of 1945, all but two of our military members had returned and resumed private practice.

SAMUEL B. RANDALL,
Secretary.

SIXTH DISTRICT

San Francisco County.
John W. Cline, San Francisco, Councillor.

San Francisco County Medical Society

Last year was one of transition from wartime to peacetime economy for the San Francisco County Medical Society. In common with the rest of the nation, the occurrence of VE and VJ days found the Society prepared for coming events in several ways and unprepared in others.

Careful planning by preceding Boards of Directors proved of great value. The Special Service Fund, a fund accumulated by civilian doctors for the benefit of their colleagues in the military service had grown to decent proportions and was ready for use. In fact, it had already been used for the purpose for which it was conceived.

Contributions to the Fund were discontinued as of last year. During the life of the Fund, which was established in 1942, some \$66,000 was contributed by 395 members of the San Francisco County Medical Society. Disbursements from the Fund amounted to more than \$3,000, leaving a balance of some \$63,000 available for further enterprises to benefit service doctors.

Among other efforts to help veterans was the formation of a Veterans' Committee. This committee supplemented the activities of the Special Service Fund Committee and consisted of a majority of veterans. It made every effort to secure office space, living accommodations, hospital facilities, and to solve other problems confronting doctors on their return to civilian life.

In January of 1945 the Board authorized the appointment of a lay executive secretary to take over many of the duties previously imposed upon the secretariat of the Society. This move became necessary with the increasing pressure of social, economic and political problems that were fast becoming sufficiently burdensome to require the

attention of a non-medical person who could give special attention to these fields. The Society elected and appointed Mr. Frank J. Kihm on September 10, 1945.

In the political field, the Society supported its parent organization, the California Medical Association, in its stand in favor of reducing the cost of medical care to the individual by fostering prepaid medical care plans.

In the local field, the Society had representatives attending the meetings of the Health Committee of the Board of Supervisors. Developments of the municipal Health Service System were closely followed by representatives of the Society, resulting, on December 5, 1945, in a request for an increase of 15 per cent.

The Irwin Memorial Blood Bank continued to grow. In 1945 there were 1,500 donors more than in the preceding year. Bloods distributed were 1,300 higher in 1945 than in 1944.

A program of public relations was started which produced good results both in newspapers and broadcasting. Out of eight radio stations in San Francisco, five are cooperating with the Bank by giving announcements gratis.

Membership of the Society at the end of the year totalled 1,283. There 101 applications acted upon, of which 87 were accepted for membership in the Society and 14 were rejected.

ROBERTSON WARD,
Secretary.

SEVENTH DISTRICT

Alameda and Contra Costa Counties.
Lloyd E. Kindall, Oakland, Councillor.

Alameda County Medical Association

The past year has been one of tremendous activity on the part of the Alameda County Medical Association.

We have employed a full-time lay executive secretary, Mr. Rollen Waterson. A Bureau of Medical Economics has been established to handle our problems in credits and collections; to provide auditing, accounting and billing services; to provide an account-financing and post-payment service; and to exist as our published and advertised guarantee of medical care for all of the people of these communities, regardless of ability or inability to pay. We have begun the publication of what we believe is an excellent *Bulletin*, the last issue of which ran to 60 pages. We have reorganized the Association along more democratic lines, and streamlined our work with the establishment of branches in Oakland, Berkeley, Alameda and the South section of the county. Through these branches, our members in each community may handle local problems more effectively and expeditiously. We have a total of 46 committees in the Association and its branches, all of which will be active and working before the year is over.

The single accomplishment of which we are most proud is that of having no returning service members, to date, who have not been provided a place in which to practice. The dearth of office accommodations is as great in the Eastbay area as anywhere in the nation, but the sharing of space by many of our members and the work of a full-time real estate man, employed at the expense of the Postwar Benefit Fund, has solved the problem. Returning service members have been given cash loans, without interest, from the fund that was contributed by members who remained in civilian practice. Many other individual services were provided by our members and full-time lay staff for our physician-veterans—services that have taken our time and attention from some of our ambitious plans in other fields, but which we have considered to be of first importance.

Attendance at our meetings increases from month to month, with a record of 400 at our annual banquet in November.

The work of laying down a solid foundation for our projected program in public relations is nearly completed, and should be well under way before May 1st.

A group health and accident insurance program has been oversubscribed by our members and is now in force. Progress is observed in the solution of some of our medical protective problems. A close cooperation has been maintained with our neighboring Contra Costa County Medical Society. A method of handling complaints of patients against our members has been devised and placed in operation. Liaison with the dental and other health professions has been established. A survey of all health facilities of the county is to be undertaken in cooperation with the California Medical Association. Problems relating to the distribution of medical care have been carefully studied, particularly with reference to California Physi-

clians' Service, the Permanente plan, and Blue Cross. Channels for the release and publication of medical news have been cleared, and the next few months will see the results of an improved press relations policy. Assistance and information has been given to other California medical societies that have contemplated the employment of full-time lay personnel. Our own office force now numbers twelve, with a monthly income, aside from dues, of more than \$3,000.

These are but a few of our projects and plans. A complete report of our accomplishments under our new organization set-up will be published in *The Bulletin* in June, when the program will have been in operation for a full year.

It is our desire to so organize and conduct the work of the Alameda County Medical Association that it will become one of the county's strongest and most effective organizations within the year, and we believe that we will achieve that objective. Success has attended each of our many and carefully planned ventures during the first nine months of our new program, and we look forward eagerly to the final integration of our separate projects into what we believe will be a most effective professional and public relations program.

DOROTHY ALLEN,
Secretary.

Contra Costa County Medical Society

A skeleton report of the activities of the Contra Costa County Medical Society for the year of 1945 should include the following:

Nine monthly meetings were held, which ended with the usual dinner party in December.

The membership at the time of this report totals 69. The following members have returned from the armed forces and have resumed civilian practice:

Crockett: Dr. E. C. Dieterich.
Martinez: Dr. Gaines L. Coates.
Pittsburg: Dr. Maxwell R. Bernstein.
Richmond: Dr. Henry H. Riklin.
Walnut Creek: Dr. Howard B. Flanders.
Antioch: Dr. Benjamin Woro.

Pittsburg has opened a well equipped and beautifully appointed fifty-bed hospital, and both Richmond and Concord have plans well under way for much larger and better appointed hospital units to replace the Richmond Community Hospital and the Concord Hospital respectively.

Contra Costa County is in the process of forming a closer and friendlier relationship with the Alameda County Medical Society in response to an invitation from the latter. Negotiations are under way which will permit the Contra Costa County group to participate in the functions of the Bureau of Medical Economics, as well as malpractice and health and accident insurance.

The population of the county is in a state of flux. There are definite indications of industrial expansion and an over-all increase in population and activity.

H. D. NEUFELD,
Secretary.

EIGHTH DISTRICT

Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Placer-Nevada-Sierra, Plumas, Sacramento, Shasta, Sutter, Tehama, Yolo and Yuba Counties.

Frank A. MacDonald, Sacramento, Councilor.

Butte-Glenn County Medical Society

The war is over and the members of the Butte-Glenn County Medical Society who served their country during the past four hectic years have all returned.

Four of the men from the Society served overseas in the Atlantic and Pacific areas. Commander John P. Fabian, Major Marvin Lee Chernow, Major Cyrennes, Leland Colm and Lt. Colonel Karl J. Chiapella. Of these four, only one was injured, Marvin Lee Chernow, and rather seriously at the time, but he made a successful comeback.

The remaining members of the Society kept the faith and to those in advancing years, the going was tough and strenuous. We held meetings in conjunction with the men who were stationed here in the Chico Air Service Command. The speakers were all capable men in their particular fields and the Association and contact were delightful.

All in all we can say with great pride that we did our part and did it well.

J. O. CHIAPELLA,
Secretary.

Lassen-Plumas-Modoc County Medical Society

The Lassen-Plumas-Modoc County Medical Society

meetings during the past year have consisted of short conferences between members and of telephone communications regarding the Medical Association.

Dr. Fred J. Davis, Jr., of Susanville continues as President.

J. W. CREVER, JR.,
Secretary.

Placer-Nevada-Sierra County Medical Society

Restrictions on gasoline and tires due to continued war conditions held our official meetings to three during the year.

1. The annual meeting of November 11, 1944, attended by eight members. At this meeting a resolution supporting the one passed by the directors of the San Francisco County Medical Society on October 3, 1944, was passed. This resolution opposed the action of the committee on Postwar Medical Service of the A.M.A. permitting temporary licensure without examination of physicians connected even remotely with the war effort to practice in California. Officers for the ensuing year were elected as follows: President, Dr. George A. Foster, Grass Valley; Vice-President, Dr. Paul D. Barnes, Loomis; Secretary-Treasurer, Dr. Vernon W. Padgett, Grass Valley. The last elected was to fill the office resigned by Dr. Robert A. Peers, Colfax, who has been the faithful and efficient Secretary-Treasurer of the Placer-Nevada-Sierra County Medical Society for the past 27 years.

2. Meeting January 4, 1945: Twelve members and guest, Dr. Ellis D. Sox, Chief, Division of Local Health Service, State Department of Public Health. At this meeting the proposed Budget and Recommendations of the Committee for the establishment of a Public Health Unit for Placer County were unanimously adopted and submitted to the Placer County Board of Supervisors.

3. Meeting February 17, 1945: This was a dinner meeting with twenty members present. Dr. Frank MacDonald, District Councilor from Sacramento and Lieut. Wm. Rector of DeWitt General Hospital. In addition there were twenty visitors. The guest speaker was Mr. Robert E. Burrill of the California Medical Association who talked on and answered questions from the floor pertaining to the Compulsory Health Insurance Bills before the State and National Legislatures. A resolution affirming and endorsing the Resolution adopted by the House of Delegates of the California Medical Association at special session held at Los Angeles January 4-6, 1945, was adopted unanimously.

4. In addition to the formal meetings held by the Society, our members were invited and a great number attended two professional meetings held at DeWitt General Hospital, Auburn. The first of these, March 27, 1945, pertained to insulin and electric shock in psychotic and manic-depressive patients, the guest speaker being Dr. Alexander Simon, Assistant Director of the Langley Porter Clinic of the University of California. The second was the two-day general medical meeting held at DeWitt General Hospital on the 14-15 of September, 1945, put on by members of the Hospital Staff and visitors from some of the leading teaching hospitals in the United States.

The membership of the Society is now 26 paying members. There are 11 members in the armed services whom we hope to have back by next year, and one life member, making a total of 38 members.

VERNON W. PADGETT,
Secretary.

Sacramento Society for Medical Improvement

The Sacramento Society for Medical Improvement meets at 8:30 p.m. on the third Tuesday of each month in the auditorium of the Nurses' Home at Mercy Hospital, 40th and J Streets. No meetings are held during the vacation months of July and August. Programs are arranged by a committee, and the December meeting is devoted to Society business and the election of officers for the ensuing year. No bulletin is published by the Society, but the programs of the meetings are announced on printed notices which are sent to all local physicians and other interested physicians in nearby communities. Notices of the monthly meetings are also sent to physicians in military service at the adjacent army posts. The following speakers and programs were presented during the year:

January 16—Mr. F. J. O'Farrall, Chief, Division of Narcotic Enforcement, State of California: "Relationship of the Medical Profession to the Bureau of Narcotics."

February 20—Major D. J. Sullivan: "Psychosomatic Medicine."

March—Annual Banquet at home of Dr. J. B. Harris.
April 17—Dr. Lawrence Parsons, Reno, Nevada: "Relapsing Fever."

May 15—Mr. George Sim, Sacramento: "Estate Planning."

June 19—Lt. Comdr. R. C. Lofgren: "Penicillin in the Treatment of Syphilis and Skin Diseases."

September 18—Dr. H. Glenn Bell, University of California: "Treatment of Surgical Diseases of the Colon."

October 16—Dr. Gunther Nagel, Stanford University: "Transthoracic Approach to Carcinoma of Esophagus and Stomach."

November 20—Dr. Edwin B. Boldrey, University of California: "Neurological Aspects of Back Pain."

December 18—Annual Business Meeting.

The Society has a membership of 182. Drs. E. S. Babcock and D. L. McLean died during 1945. Dr. Lawrence Kolb is an honorary member.

EDMUND E. SIMPSON,
Secretary.

Shasta-Trinity County Medical Society

The Shasta-Trinity County Medical Society has an active membership of eighteen. During the year of 1945 one member was transferred to another county. Four members have been released from the army service.

The Shasta-Trinity County Medical Society meets regularly on the second Monday of each month, except during the summer months of June, July and August. The Society has unanimously moved to adopt the proposed fee schedule of the California Medical Association for industrial accidents.

JULIUS M. KEHOE,
Secretary.

Tehama County Medical Society

The Tehama County Medical Society at its regular meeting the evening of December 6, 1945, elected the following officers for the year 1946: E. R. Wilson, M.D., President; F. L. Doane, M.D., Vice-President; R. G. Frey, M.D., Secretary and Treasurer. Doctor Donald Thompson was elected delegate and Doctor R. G. Frey, alternate. Doctor O. T. Wood has returned from service in the Navy in the South Pacific and resumed active practice. Doctor Roderick Thompson is still on duty with the Navy.

R. G. FREY,
Secretary.

Yolo County Medical Society

During the past calendar year the Yolo County Medical Society has continued to be very active. The problems associated with the terminal months of the war are familiar to all and need not be reiterated. We are extremely grateful that the war is over and that none of our physicians received any serious injury during their service. To date practically all of those who have served have been returned to us and are happily engaged in their practice. There are only two or three physicians who have not returned to Yolo County. The whereabouts of some of these are still not known to me. At the moment we are involved in a very acute nursing shortage which is hampering the practice of medicine very severely. It is our hope that the nurses who have been released will soon carry on in their previous capacities with the willingness that existed in that profession previously.

EMERY LEIVERS,
Secretary.

Yuba-Sutter-Colusa Medical Society

Eight meetings of the Yuba-Sutter-Colusa Medical Society were held during the year. Two of these meetings were preceded by a dinner. At one of these, Dr. Evans and Dr. Richards of Stanford University gave interesting talks on "The Rh Factor and Penicillin Therapy." At the other Dr. Wayne of San Francisco gave many instructive facts on the subject of "Arthritis." One meeting was held at Camp Beale and proved to be unusually interesting. "Ligation of the Femoral Vein in the Treatment of Phlebotrombosis" and "Metacarpal Fractures" were discussed, and a skin clinic with presentation of cases was conducted.

During the year, Dr. Norman Culner, Dr. William Vesquez and Dr. Erminine Edwards were elected to membership. Dr. Desrosier, who had been in active practice in Colusa County, expired.

Dr. Neal Loomis, Lt. Commander in the Navy, and Dr. Leon Swift, Major in A.U.S., returned to civilian practice the latter part of the year.

The newly elected officers for 1946 were:

President, Dr. Leon Swift; Vice-President, Dr. Charles Keith; Secretary-Treasurer, Dr. Erminine Edwards.
ERMININE EDWARDS,
Secretary.

NINTH DISTRICT

Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma, and Trinity Counties.
John W. Green, Vallejo, Councilor.

Humboldt County Medical Society

Under the able leadership of Dr. Nathan Wasserman the Humboldt County Medical Society had a very successful year in 1945.

The following-named members were released from the armed forces:

Dr. Joseph Brown, Dr. John Chain, Jr., Dr. Charles Falk, Jr., Dr. Max Goodman, Dr. O. R. Myers, Dr. Fred Olsen, Dr. Max Todd.

The Society was saddened by the loss of Dr. L. G. Kramar while serving in the United States Navy.

Dr. Marselle Spetz and Dr. Paul Roberts opened offices in Eureka; Dr. Carleton Schwartz in Fortuna; Dr. H. C. Portalupi in Arcata, and Dr. H. E. Wall in Crescent City.

A medical staff was formed at the General Hospital in Eureka.

A meeting was held with the insurance agents of the County for the clarification of the question of insurance work as related to the medical profession.

The employment of a full-time health officer for Humboldt County was passed by the voters of the County.

WAYNE P. MCKEE,
Secretary.

Marin County Medical Society

The Marin County Medical Society carried the load very well all the year of 1945. The membership for the first half of the year was 34, since then nine members have returned to the county to resume practice. Five members are still in Federal Service, two members have transferred to other locations, two have gone to school to specialize, and one member has retired because of falling health. Three new members have been accepted by transfer from other counties. Including the doctors in the service we have now 54 members. Nine regular meetings were held in 1945, all were well attended and a good program was procured for each meeting. Good fellowship has always existed and is still present.

The doctors have all been overworked but little complaint has been made. With the return of the men from service all should be relieved somewhat. The nursing problem still remains bad as there seems to be no relief in sight. The two hospitals have done a good job in 1945, but they need more nurses to supply the nursing care for the beds they have. The obstetrical situation seems to be well in hand. Practically no cases are delivered at home, sometimes new mothers are forced to go home on the third or fifth day but no great difficulty has been encountered.

CARL W. CLARK,
Secretary.

Siskiyou County Medical Society

The pressure on our civilian doctors was at its highest during the last war year, and consequently our Medical Society meetings were few and poorly attended. The highlight of the year, however, was a meeting at which Dr. S. J. Shipman spoke and laid the groundwork for a Tuberculosis Clinic in Siskiyou County.

Dr. H. L. Vidricksen has returned to his practice in Weed, after three years' service in the United States Navy.

It is certain that with other veterans returning to practice in this county and with the admittance of certain new members, we will have much more Society activity.

F. W. MARTIN,
Secretary.

Solano County Medical Society

A review of the activities of this Society for 1945 follows:

On January 9, 1945, the matter of a system of prepaid medical care was discussed and Dr. H. Randall Madeley, as Delegate to the C.M.A. meeting in Los Angeles, gave a comprehensive report.

The second meeting of the year was held on February 13, 1945, at which time the relationship between the Housing Authority and the California Physicians' Service was discussed and the new fee-for-service and tonsillectomy program outlined.

The March meeting was held March 13, 1945, and it was announced that there would be a physiotherapist on a part time basis at the Community Hospital. The Vallejo Merchants Association gave a report relative to shift of population in this area.

The April meeting consisted of a report on legislative activity. Correspondence was also taken up.

On May 8, 1945, Dr. Madeley reported on the California Physicians' Service election of State-wide officers. The Solano County Medical Society dues for 1946 was discussed.

November 11, 1945 the matter of Procurement and Assignment was discussed. The annual election of officers resulted in selection of Dr. John W. Green as President; Dr. C. C. Purviance, Vice-President; Dr. C. T. Alexander, Secretary-Treasurer. Delegate to C.M.A. House of Delegates, Dr. H. Randall Madeley and Dr. Felix Rossi, Fairfield. Alternates, Drs. Jones and Purviance.

The Annual Christmas Party was held December 17. It was well attended and a goodly number of the staff of the Naval Hospital were on hand to tell us some really sharp stories. The membership of the Society increased by four during the year. Dr. O. S. Nesting returned from the service, reestablished his practice and the Medical Society was glad to welcome him back. The California Physicians' Service War Housing Plan closed as of January 1, 1946, in the Vallejo Housing Projects, which brings to a close another noble experiment born by the war.

C. T. ALEXANDER,
Secretary.

Sonoma County Medical Society

The total membership of the Sonoma County Medical Society at present is 76, with 17 members still in military service. Three members were lost during the year—through the death of Dr. Henry S. Rogers and the transfer of two members to other Societies.

Ten meetings were held during the year. The April meeting was a joint meeting of the Society and the Ladies' Auxiliary. In July, the doctors and their wives were guests of Dr. and Mrs. Carroll B. Andrews, of Sonoma. Following an afternoon of golf, dinner was served at the Palms, after which the guests visited the new Sonoma Valley Community Hospital, at Sonoma.

RAIMOND F. CLARY,
Secretary.

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* Deceased.

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Committee on Publications
George W. Walker, Chairman Fresno 1946
F. Burton Jones Vallejo 1947
R. H. Sundberg San Diego 1948
George H. Kress, Secretary-Editor San Francisco ex officio

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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

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EDITORIALS

C.M.A. ANNUAL SESSION—MAY 7-10, AT LOS ANGELES

An Interesting Four-Day Session Has Been Planned.—This year's annual session,—California Medical Association's 75th, counting from year of founding in 1856—will reflect somewhat the stress and strain under which military and civilian medical practice has been carried on during the last five years.

The change from the war period and two-day, streamlined meetings to former pre-war and four-day schedule has not been made without complications, since adequate hotel accommodations are still somewhat difficult to secure.

Since Hotel Del Monte at Monterey remains in possession of the Navy, the only other sufficiently large hotel is The Biltmore in Los Angeles; and even there, owing to standing and prior commitments with other organizations, only limited facilities are available. Because of the heavy existing demands for accommodations, hotels do not seek convention trade.

Therefore an organization as large as the California Medical Association, which needs rooms for meetings of 13 Scientific Sections and its House of Delegates, Council and Woman's Auxiliary is somewhat handicapped when it asks a large hotel to inconvenience its regular trade and guests.

This explanation is here given so that those who will attend the meetings, may understand the conditions which faced the Committee on Scientific Work when it was instructed to plan a four-day annual session.

* * *

Thirteen Scientific Sections Will Hold Meetings.—In spite of existing material and other drawbacks, the Section Officers and Central Committee have been able to formulate programs on scientific topics that are of pertinent and important interest. The current issue of CALIFORNIA AND WESTERN MEDICINE presents the preliminary drafts of the programs that have been arranged for the two general meetings and the numerous conferences of the 13 scientific sections.

The annual session will begin on Tuesday, May 7, the first general meeting being the sole activity on that morning. At that conference will be received the message of President Philip K. Gilman, reports by representatives of other official bodies, and addresses by guest speakers.

A second general meeting will be held on

Thursday afternoon, commencing with the Clinical-Pathological Conference, to be then followed with papers by guest speakers.

Section meetings start on Tuesday afternoon and will be carried on through Friday noon. On Friday afternoon the Section on Medicine will join with the California Heart Association in presentation of subjects of mutual interest.

Effort has been made to have several panel presentations to be given on different days. These panel discussions have special lure and will be well attended.

* * *

House of Delegates and C.P.S. Meetings.—

The Council will hold daily meetings in one of the Conference Rooms, and in the Music Room, the House of Delegates will convene for its first meeting on Tuesday afternoon, May 8th, its second meeting to be called to order on Thursday afternoon.

The Administrative Members of California Physicians' Service will meet during a recess period of the House of Delegates on Tuesday afternoon or evening.

All members of the California Medical Association are privileged to attend meetings of the House of Delegates and Administrative Members, except when these bodies are in executive session.

The Woman's Auxiliary will also hold meetings on several days.

Study Groups in Pathology and Radiology will hold conferences, the first in laboratories of the University of Southern California, and the Radiology Group, in the auditorium of the California Hospital.

The Cancer Commission will present an informative program at a special dinner on Thursday evening.

Entertainment features have been practically limited to the Dinner to the President, Wednesday evening having been designated for this function, with its accessory entertainment and dancing features.

Such is the tentative program. Any changes in arrangements will appear in the Convention programs.

What has been stated above should be indication that C.M.A. members who register for the meetings of this year's annual session will have no reason to regret their decision to partake of the benefits that come from such attendance.

On other pages, in this issue, appear additional notices concerning hotels and like items.

It is to be hoped that all C.M.A. members who can arrange their work, will plan to attend this year's annual session. Time so given will be well spent.

PRE-CONVENTION BULLETIN—REPORTS ON LAST YEAR'S ACTIVITIES SHOULD BE SCANNED BY ALL MEMBERS

In hospital rooms and other places where groups

of physicians have occasion to meet, it not infrequently happens that one member of those present will engage in sharp and critical comment concerning the deficiencies of organized medicine, as represented by national, state and county medical societies.

Too often, the member who makes his criticisms is a physician who has shown only a casual interest in his own personal responsibilities as a member of the county, state and national medical organizations that have actually been founded to protect his interests, and to promote the public health.

* * *

Why Reports of Officers and Component Societies Are Worthy of Notice.—

It is conceded that perusal of the official transactions of duly elected officers of medical organizations may often not be interesting reading. It should be remembered, however, that the reports of officers and committees as so recorded, again and again, represent much time and generous effort and work by the busy physicians who have been elected to official positions in medical societies.

That is why the reports appearing in the current issue of the OFFICIAL JOURNAL, under the caption, "PRE-CONVENTION BULLETIN," should be read, or given at least a hasty scanning.

If, among such reports on policies instituted and activities carried on, there be items to which a physician reader would take exception, then that physician owes it to himself and his profession to communicate his opinions thereon to one or more of those fellow members of his own county unit who, as delegates, have been elected to represent him in the House of Delegates of the California Medical Association.

The House of Delegates is the supreme authority in the California Medical Association; and any member of that House is privileged at its first meeting to present any resolution or resolutions that he may deem of sufficient importance to be called to the attention of his fellow delegates. A topic so submitted then can be discussed before the proper Reference Committee, and again on the floor of the House, when report is made thereon.

* * *

Organized Medicine Is Expressive of a Democratic Organization.—

Certainly, no more democratic procedure than that could be demanded. It permits every member of the California Medical Association to have opportunity to present his opinions.

Wherefore, again, it is hoped that the PRE-CONVENTION BULLETIN reports of general officers, councilors, standing and special committees, and of county society secretaries will be given at least a cursory inspection by every C.M.A. member who wishes to do his bit,—(in collective endeavor with his fellow physicians)—to advance the best interests of scientific medicine and the public health.

CALIFORNIA PHYSICIANS' SERVICE AND VETERANS' ADMINISTRATION CONTRACT

V.A.-C.P.S. Contract Is an Important Milestone in Solution of the Problem of Adequate Medical Care.—So important to the future of medical practice in California and perhaps to the Nation is the contract for medical care for veterans of all wars,—recently entered into by California Physicians' Service and Veterans' Administration,—that comment is again made thereon in this column.

Every veteran may be construed, in one sense, to represent the average family unit of four persons (himself and three immediate dependents or relatives). Hence, since California has more than one million veterans within its borders, the family unit of four would indicate that four million of California's citizens could come within the scope of medical influence and friendship, through the contractual set-up now operating through C.P.S., by arrangement with V. A.

* * *

Future Will Offer Even Greater Opportunities for Service.—And if, as has been predicted, California, within the next several years, may have as many as two million veterans resident within its borders, the figure of four million interested and kindly disposed citizens then could be increased to eight million citizens!

Consequently, if the physicians of California render adequate and satisfactory medical service to the thousands and thousands of veterans in our State, it follows that these veterans, their families and friends will become natural supporters of those legitimate medical practice objectives concerning which the medical profession may have gone on record.

The above thoughts are of a generalized nature, but even so, they call attention again to basic political and other values when one possesses the good will of the electorate of California. In the present instance, much good can accrue to the medical profession of our State if adequate service is given to veterans.

* * *

V.A.-C.P.S. Plan Is Being Put Into Operation.—On another page of this issue (page 269) is a photograph of the officials who were present when the C.P.S.-V.A. contract was signed. Its inspection is convincing evidence that the state medical societies of Michigan, California and other commonwealths, whose representatives have signed or will sign these V.A. contracts, are rendering the most powerful of all aids that have as yet been brought forward, to indicate to national and state legislatures, the press and the public-at-large that state medical society agencies that are sponsoring voluntary prepayment plans for medical care of citizens,—(in opposition to regimented and compulsory sickness insurance laws),—are the legitimate and best answers to the problem of securing adequate medical care for all citizens.

How Organized Medicine May Be Benefited.

—Attention has been repeatedly called to the fact that while surveys throughout the Nation have always indicated kindly regard by patients to their individual physicians, there had arisen in recent years, a feeling of more or less antagonism against medical organizations. Of course, this unhappy situation was due in good part, to misleading propaganda by the proponents of compulsory sickness insurance laws. However, so well fastened has this erroneous concept been established in the public mind, that medical speakers find it persistently expressing itself in antagonistic manner during forum discussions and similar meetings.

Here now, at long last, in the V.A.-C.P.S. contractual arrangement, lay citizens will have firsthand opportunity to set themselves aright concerning the real nature of medical organizations.

Provided, of course, that every individual physician will give wholehearted cooperation in the attainment of adequate medical service for veterans.

For members of the medical profession to fail in this opportunity, would lay the foundation for governmental and political medicine, a something that must not come to pass. Nor will it come to pass; because this time, we have a plan in which all physicians can play a proper part, leaving to experience the correction of any inadequacies that may arise.

Think This Over

Arguments for a state-controlled medical system lose their force in the light of the following editorial from the Christian Science Monitor:

"President Truman's citation of draft rejections as a compelling reason for the introduction of compulsory sickness insurance in the United States loses its plausibility on comparison with draft rejections in Britain where this insurance prevails.

"In his message recommending government medical care insurance, the President said, 'The number of those rejected for military service was about 30 per cent of all those examined.'

"But in Great Britain, which has had compulsory sickness insurance since 1911, the draft rejections were far higher. How they ran is indicated in the published Annual Report of the British Army. Rejections for the ten years ending with 1936 are available in the Annual Report for that year.

"During all the ten years, 677,515 were served with notice papers and 400,775 were rejected, or 59 per cent.

"Even allowing generously for the effects of a lower standard of living, if Britain after 25 years of sickness insurance, had a rejection rate practically twice that of America, there seems to be little argument in the draft rejections for socialized medicine."

As a postscript to this editorial, we quote Dr. John Cline of the California Medical Association, who declares, "There is nothing that government can do for you in the field of health insurance which you cannot do for yourselves and do better at less cost. The fullest advantages of health insurance cannot be attained by just compelling people to pay into a fund."

The facts and the record in Great Britain need thinking over before we consider any type of socialized medicine.—Ontario Report.

EDITORIAL COMMENT†

AUTO-CARDIOTOXINS IN ACUTE RHEUMATIC FEVER

In 1934, Burky¹ of the Wilmer Institute of Ophthalmology, Johns Hopkins University, discovered a new immunological phenomenon of wide clinical implications. Previous investigators were almost unanimous in their conclusion that it is impossible to sensitize or immunize rabbits against lens proteins of the same animal species. Homologous lens substance is apparently fully non-antigenic for rabbits. Burky found, however, that homologous sensitization is readily effected by injecting lens substance either mixed with or simultaneously with staphylococcus filtrate. Under the influence of this toxin specific antilens precipitins were formed, often of sufficiently high titer to cause opacities and other degenerative changes in the rabbits' own crystalline lens. Burky believed such adjuvant effects offered a logical explanation for human cases of endophthalmitis phacoanaphylactica.

Numerous substances other than staphylococcus toxin have subsequently been found to exert a similar adjuvant action in nonantigens or on vaccines of low initial antigenicity. The possibility that such adjuvant action may form a logical explanation for degenerative lesions in tissues other than the crystalline lens has been recently re-investigated by Cavelti² of the Hooper Foundation, University of California. He found that extracts or emulsions of homologous renal tissues are not antigenic for rats or rabbits. A high degree of antigenicity is conferred on these non-antigens by mixing them with heat-killed hemolytic streptococci. Following injections of the resulting mixtures, relatively high titer antirenal precipitins are formed, whose *in vivo* effect is the production of glomerulonephritis by means of reaction with the immunized animals' own kidneys.

These findings are essentially confirmations and extensions of earlier investigations by Schwentker³ and associates of the Baltimore City Health Department. The Baltimore investigators found that both staphylococcus toxin and streptococcus toxin were successful adjuvants for immunization of rabbits against homologous kidney substance. Clinically they demonstrated that autoantibodies against human kidney were found in the blood of the majority of patients with scarlet fever, and that high-titer antirenal autoantibodies were often associated with scarlatinal nephritis.

In his latest report Cavelti⁴ found that non-antigenic emulsions of homologous heart muscle can be rendered antigenic for rabbits by combin-

ing them with heat-killed hemolytic streptococci. As a clinical application he found that the serums of patients with acute rheumatic fever often contain autoantibodies against the human heart. Control serums obtained from nonrheumatic patients or hospital personnel were invariably negative. Twenty (or 55 per cent) of the serums of the 36 patients with acute rheumatic fever thus far tested had titers of about 1:320 in terms of serum dilution by the colloidal particle technique.⁵ Titers in the neighborhood of 1:40 were obtained in 7 cases and negative or doubtful reactions in 9 cases (25 per cent). Repeated titrations of the same patient suggested that cardiophilic autoantibodies are present in highest titer during the early and more acute states of rheumatic fever, but that they tend to disappear when the rheumatic process becomes negative. In the few cases in which strong serological reactions against human heart muscle persisted the prognosis was unfavorable. Detailed studies of the relationship between titer, symptomatology and prognosis are now in progress.

Cavelti found that autoantibodies against skeletal muscle and connective tissue also can be produced by immunizing rabbits with homologous tissue products plus hemolytic streptococci. Clinical applications of these two new autoantibodies, however, have not yet been reported. Therapeutic methods against autoantibodies are yet to be developed.

P. O. Box 51.

W. H. MANWARING,
Stanford University.

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Veneral Disease and Blindness

Syphilis and gonorrhea are among the major destroyers of sight, and these diseases are responsible for approximately 15 per cent of blindness in the United States, it is pointed out by National Society for the Prevention of Blindness in a recent statement urging widespread observance of National Social Hygiene Day. Of the 230,000 blind persons in the United States it is estimated that about 34,000 lost their sight as a result of these diseases.

The importance of this problem may be realized from the fact that about 60,000 babies are born with congenital syphilis every year. Most of them develop a serious eye condition at some time in early life, unless they receive adequate medical care. Prospective mothers who have syphilis can bear healthy children if prenatal anti-syphilitic treatment is administered in time; and a careful examination including a blood test usually can determine the presence of syphilitic germs.

Apart from the tragedy that enters every home in which a person has lost his sight, the cost of syphilitic blindness to the victims and to the taxpayers amounts to many millions of dollars annually.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

ORIGINAL ARTICLES

Scientific and General

CALIFORNIA'S STATE MEDICAL SCHOOLS
AND PUBLIC HEALTH PROBLEMS*

HON. EARL WARREN,
GOVERNOR OF CALIFORNIA
Sacramento

I AM happy to be here to take part in celebrating the start of a health center on the Los Angeles campus of the University of California. I regard this as an important milestone in the history of our State. It will affect the health and happiness of our people for generations to come. I know, too, how pleasing this occasion must be to the members of the medical profession of Los Angeles and Southern California and to the alumni of the University—without whose interest this great forward step could not have been achieved.

RESEARCH NEEDED TO CONSERVE, INSTEAD OF
DESTROYING LIFE

We are living at a time when the countries of the world are vying with each other to see which can make the most frightful atomic bombs. One day we are told that a single bomb has been perfected with the destructive power of ten thousand one-ton "block busters"—and the next day that one has been built that might tear the world asunder. Scientists in many lands are engaged in a feverish race to control atomic energy to destroy life. Radar contact has been made with the moon. Jet and rocket planes have been built that travel faster than sound and reach higher and higher into the stratosphere. Research is being applied to developing poison gases and biologic weapons.

It is high time that we concentrated in scientific research on building life instead of on its destruction. It is high time that we get back to the fundamentals of life—the cornerstone of which is health. Who can doubt that many of the diseases which take more lives than war itself could have been brought under control if the money spent on destruction in recent years had been diverted to the cause of better health? What miracles might have been wrought if the scientific manpower mobilized for death had been used for saving lives!

The natural bent of the scientist is to work for the preservation of life, not for its destruction. We know that our own scientists, who gave so much to perfecting the atomic bomb, would gladly devote the remainder of their lives to the benefaction of mankind if the world would only let them. We who desire the betterment of humanity's lot must support every movement for using research to prevent and cure human ailments. We must look toward a free exchange of scientific knowledge instead of its hoarding. We must use it in the greatest of all wars, which is the war to make life increasingly useful and desirable in every part of the world.

CALIFORNIA'S NATURAL RESOURCES MAKE FOR
INCREASED RESPONSIBILITIES

Certainly these should be our aims here in California, where we have the newest civilization in the world and

the most hopeful outlook. Here we have progressed within the lifetime of some people from a raw frontier to a highly developed industry, agriculture, commerce and culture. Like myself, many people born in this county of Los Angeles have seen it grow from less than 100,000 people to 3,500,000 in a half century. We have also seen the State grow in population during that period from a million to 9,000,000. If we husband our resources and make the most of our opportunities, California in the next two or three decades will attract twice as many people as we have now. Our State is larger than many countries, richer than most, and more desirable to live in than any. Certainly we must do everything we can to make it a better State, no matter how rapidly it grows. We must not permit it to become the victim of neglected health, nor of disregard for any other fundamental.

Because we are blessed with the most favorable living conditions in the world, we sometimes coast along without making a forthright attack on the problems that accompany growth and industrialization. I am afraid we did coast too much in years past in the field of public health. For years, we tolerated a completely antiquated Department of Public Health that did not measure up to the needs of the people and the times. However, we remedied this particular situation by reorganizing the Department in 1943. We made a proper division of responsibility between the State Board of Health and the director of the department, and installed business methods and functional controls. We now propose to do as much in medical education and research.

MEDICINE HAS REMAINED TRUE TO THE PRINCIPLE OF
FREE PLAY IN RESEARCH

In no field has the wisdom of giving free play to research been more clearly demonstrated than in medicine. The experiments of Lister gave effect to the work of Pasteur. Mankind has been spared untold suffering because of the discoveries of the Curies. In our own time, we have seen the development of the sulfa drugs. These great blessings and many others have been brought about by unremitting study and research on the part of self-sacrificing men and women whose insight was little short of divine.

UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL IN
SAN FRANCISCO

Many people of our State do not know that we have had a medical center at the University of California since 1872, located in San Francisco. In its entire existence, less than \$2,000,000 has been appropriated to it by the State for buildings and other facilities. In spite of this, outstanding professional schools have been developed there that have done a creditable, although by no means adequate job.

CALIFORNIA HAS FELT THE NEED FOR MORE MEDICAL
SCHOOLS

Two-thirds of the doctors in our State have had to seek their training in other parts of the country. From our point of view, this is most unsound. The percentage should be at least reversed. We should train our own youth, and fix our own standards. Unless we do, we shall be dependent on others for our supply of professional men—which is a perilous position, particularly in times of stress.

I was astounded to learn a few months ago that no area in the United States comparable to Southern California has so few medical teaching and research facilities. There should be a great medical center here in Los Angeles for the purpose of educating our youth and it is

* Address given at the dinner, jointly sponsored by the Los Angeles County Medical Association and the Alumni Association of the University of California at Los Angeles, Hotel Biltmore, Los Angeles, March 21, 1946.

the plain duty of our State to provide it. Its research facilities should be available to the 4,000 doctors of Los Angeles and the thousands elsewhere in Southern California. They should be able to find inspiration and obtain assistance there.

The information I obtained from our survey of medical teaching facilities in Southern California was confirmed by members of your Association, who had long been hopeful that the situation would be corrected. It was verified by Dr. Clarence Dykstra, who outlined his ambitions for the University. It was corroborated by officers of your Alumni Association and by Phil Davis, the Westwood member of the State Assembly. I was convinced that the condition not only should be remedied, but that this must be done at once—while we had the means to do so. I am indebted to Dr. Elmer Belt and the other members of your Association who urged this action upon me, because this made it possible for all of us to work together to accomplish the result we are celebrating here tonight.

PRESENT APPROPRIATION OF SEVEN MILLION DOLLARS IS
FOR FOUNDATION OF A STATE MEDICAL SCHOOL ON THE
LOS ANGELES CAMPUS

We now have securely in the State treasury \$7,000,000, appropriated for this health center on the Los Angeles campus of the University. I believe that when I signed this bill two weeks ago, we laid the foundation for one of the great medical centers of the world. There is every reason to believe that it will be one of the greatest. The need is certainly present. The will to develop it certainly exists in the groups represented here tonight and among the people of this community. With the foundation thus laid, no power on earth can prevent it from being what you would have it be. I am happy that as Governor of this State, I could be a participant in the establishment of such a medical center in the city of my birth. I shall watch it grow through the years with keen anticipation and genuine pleasure. (Ed. Note. See p. 262.)

APPROPRIATION OF FOUR MILLION DOLLARS, PLUS ADDITIONAL
FUNDS WILL PROMOTE GREATER DEVELOPMENT IN UNI-
VERSITY OF CALIFORNIA MEDICAL SCHOOL AT
SAN FRANCISCO

I am also very happy that I was able to further the completion of the medical center on the San Francisco campus by proposing and approving a \$4,000,000 appropriation to complete the facilities of that institution. This and the other appropriations made since 1872 aggregate approximately the amount that is being made available for the health center in Los Angeles.

CALIFORNIA MUST BE IN THE VAN, NOT ONLY IN
CURATIVE, BUT IN PREVENTIVE MEDICINE

With these two great institutions, we shall be able to keep abreast of the medical educational needs of this fastest-growing State of the Union—and we must do so. I want to see California become the foremost State not only in the study of medicine and the cure of disease, but also in the prevention of disease. To this end, we are bending every effort to coordinate our State Department of Public Health, our Department of Mental Hygiene, and the medical departments of the University.

RECENT PROGRESS AND CHANGES IN CALIFORNIA DEPART-
MENTS OF PUBLIC HEALTH AND INSTITUTIONS

During the past three years, we have had a very comprehensive program of public health activities and with some very gratifying results. Not only have we reorganized our Department of Public Health, we have thoroughly revamped and modernized our old Department of Institutions. This latter is now in name and in

fact the Department of Mental Hygiene. I am determined that in the operation of our mental hospitals, we will take California completely out of the "asylum age" and establish our State firmly in the "hospital age."

CALIFORNIA DEPARTMENT OF MENTAL HYGIENE
SUBSTITUTES AN "HOSPITAL AGE" FOR FORMER
"ASYLUM AGE"

In the last analysis, it will be cheaper even financially to do this, to say nothing of the human values involved. I am determined that we shall place the emphasis as much as possible on the prevention of mental disorders rather than on mere custodial care. We have made some progress—not enough to be satisfactory, but certainly enough to be stimulating. We have stripped the Department of Mental Hygiene of every extraneous function. Now it is devoting itself exclusively to the prevention and care of mental disease.

We have made the necessary appropriations for enlarging and improving these hospitals so that they will take care of our needs up to 1950. We are establishing a separate institution for epileptics, to end the medieval practice of confining them with mental patients. The overcrowding in present institutions to the extent of 6,000 men, women and children is to be relieved, not only through building new hospitals but also by making temporary use of two military hospitals, which have been declared surplus property by the Federal Government.

"MENTAL CLINICS," BOTH INSTITUTIONAL AND MOBILE
ARE BEING PLANNED

We are establishing a new mental clinic here in Los Angeles comparable to the Langley Porter Clinic at San Francisco, and I want to see that clinic made a part of your health center.

I also advocated clinics at San Diego, Fresno and Sacramento, and that from all these we should have mobile units which could go into the most remote districts of our State. In this way we could help people in the first stages of mental illness, who, without attention, might develop into cases requiring hospitalization.

I am certain that it will be only a matter of a very short time before we are able to accomplish this, but the Legislature suggested that we delay establishing these additional clinics until we have a back-log of experience at Langley Porter and here. For this reason, I am intensely interested in the success of the San Francisco and Los Angeles clinics. What is done in the future throughout the State will depend largely upon what they do.

I am convinced that with an adequate system of clinics, we shall make it unnecessary for many people to enter a State hospital. More patients can be released from the hospitals than at present, and many who are released will never have to return.

LAWS ON COMMITMENT FOR MENTALLY ILL CITIZENS

Our laws for the commitment of mentally ill persons should be redrafted to wipe out the last vestige of connection with the criminal process. Until comparatively recent years, mental cases were handled in exactly the same way as criminal cases. There are still counties in the State which have no place other than their jails for housing mentally ill persons awaiting commitment. Within my own experience, I have seen mentally ill persons confined behind the bars of county jails after being brought in by a patrol wagon. This is truly a relic of the Dark Ages.

NEW CALIFORNIA INSTITUTIONS FOR SPASTIC CHILDREN

There is one group of unfortunate people who have

never received the attention that should be shown them by their State. These are the victims of cerebral palsy. These people can and should be helped. We have recently laid the foundation to do so, and are establishing two Institutions for spastic children—one in the north and one in the southern part of the State. I hope this very important work and the institutions in which it will be done will be closely affiliated with the health centers of the University.

SURVEY ON HOSPITAL NEEDS OF CALIFORNIA ALREADY UNDER WAY

I want to see provision made for more hospitals in our State. Preservation of the public health requires that additional facilities be provided at the earliest possible time. If an epidemic such as the influenza of the last war should descend upon us, the hospital shortage would be disastrous. The need is particularly great in the rural areas of the State. We have finally succeeded in obtaining legislation creating an advisory council which will assist the Department of Public Health in surveying the hospital needs of California. We hope by this act and as a result of this survey to put our State in position to participate promptly in any Federal program for extending hospital facilities. We want to lend every encouragement to establishing private hospitals and medical centers.

CALIFORNIA NEEDS A SCHOOL FOR TROPICAL DISEASES OF THE PACIFIC AREA

I want to see a school for tropical diseases established in our University. As far as I have been able to ascertain, there is no institution in the country specializing in the tropical diseases of the Pacific. The germs have been brought to our country from the combat areas. A vast expansion of commerce and travel within the Pacific basin is inevitable. It therefore becomes imperative that we devote attention to the prevention and control of diseases peculiar to that area.

ADDITIONAL STATE SUBSIDY FOR CALIFORNIA SANATORIA WILL ENHANCE THEIR CAPACITY FOR SERVICE

I want to see a great improvement and further expansion of the tuberculosis hospitals in California. We improved our program for dealing with tuberculosis a year ago, by increasing the State subsidy to counties having facilities for the care of tuberculosis patients. I hope and believe that through this and other means, the standards of these hospitals will be constantly raised until they reach the limits of scientific knowledge and administrative efficiency.

FORWARD-LOOKING PROGRAM CONCERNING VENEREAL DISEASES

I want to see more venereal disease clinics established—clinics equipped with the most modern treatment methods and putting into effect a forward-looking program for the suppression of these diseases.

GOOD HEALTH IS THE CORNER STONE OF HAPPINESS

There is nothing more challenging than the opportunity to improve the public health in our State. Nothing is more fascinating than the problems involved in trying to do so. No service can bring more lasting benefits. The truest satisfactions in life are those growing out of the effort to advance the welfare not only of the people of our own generation but of those who will follow us. We can derive such satisfaction from our efforts to improve the public health—because good health is the corner stone of happiness.

HIGHEST PROFESSIONAL STANDARDS AND RELATIONSHIPS SHOULD BE MAINTAINED

Our goal is many-sided. It includes the prevention of disease so far as that can be accomplished. It includes treatment and cure, and bringing the health services to the people in all walks of life. If we can do these things and maintain the highest professional standards and relationships, then we shall indeed have measured up to our responsibility in this field. We shall have served both our own generation and the future generations for whom we are building this great health center.

WORK TO BE DONE MUST BE APPROACHED IN A SPIRIT OF COÖPERATION

Our job is never-ending. But if we approach it in a spirit of coöperation, without pride of authorship or opinion—with only the public welfare in mind—we can help to make strong and secure the foundation for happiness in every California home.

CONTRIBUTIONS OF MEDICAL PROFESSION TO AMERICAN AND ALLIED VICTORY

The medical profession made a great contribution to American and Allied victory. Thousands of our doctors put on the uniform of the armed services, and the story of their work at their battle stations is known to all of us. Those who could not go to war worked tirelessly to minister to our people here at home. Our gratitude is due to our physicians and surgeons, our dentists and scientists wherever they carried on. The service they have rendered to our people, and will render in the future, entitles them to the best training, the most comprehensive research, and every assistance that can be brought to them by the State.

STATE UNIVERSITY MEDICAL SCHOOLS WILL PROMOTE ATTAINMENT OF PUBLIC HEALTH OBJECTIVES

It is in this spirit that we celebrate the establishment of a great health center on the Los Angeles campus of the University of California. May it always be second to none!

Executive Offices, The Capitol.

THE RELATIONSHIP BETWEEN ANXIETY NEUROSIS AND DUODENAL ULCER WITH SPECIAL REFERENCE TO THE X-RAY FINDINGS AND TREATMENT*

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AND

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THE psychogenic factor in the etiology of duodenal ulcer and the psycho-somatic nature of this disease have been stressed for a number of years by psychiatrists. These factors, however, are not fully appreciated or thoroughly understood by many physicians, nor is their importance sufficiently stressed in most present day text books of medicine.

The United States Naval Hospital at San Leandro, Alameda County, California, where this study was carried on, was commissioned on August 15, 1944, for the pur-

* This article has been released for publication by the Division of Publications of the Bureau of Medicine and Surgery of the U. S. Navy. The opinions and views set forth in this article are those of the writers and are not to be considered as reflecting the policies of the Navy Department, or the military service at large.

pose of studying and treating the psychoneurotic patient who had been exposed to overseas duty.

A large percentage of these men had been in actual combat. Approximately 70 per cent of the patients in the hospital entered with a "Fatigue Combat," "Fatigue, Operational," or "Anxiety Neurosis" diagnosis and about 30 per cent of the patients entered with medical or surgical diagnoses. All of these men had been overseas during the war and subjected to unusual physical and emotional strains for a period of about 6 months to 3 years (averaging about 18 months). No patients other than this group or our own staff members were admitted to the hospital.

Because of the nature of this hospital, an unusual opportunity afforded itself to observe the relationship of anxiety neurosis to duodenal ulcer as an etiological factor. The recognition of this factor lead to some modifications of the method of treatment. The relief of psychological stresses and strains which had been precipitating causes in the onset of the acute duodenal ulcer and also affect its healing was emphasized. An excellent opportunity has been had to study the x-ray changes which take place at various stages of ulcer development and healing.

The series of patients studied in this report numbered 161 (from August, 1944, to September, 1945), of which 83 were admitted with the diagnosis of duodenal ulcer and 78 with a neuropsychiatric diagnosis. The latter group also were found to have definite duodenal ulceration when studied at this hospital. All above patients had definite x-ray confirmation of duodenal ulcer and in most cases were followed with from 1-5 follow-up gastro-intestinal x-ray examinations during the course of treatment.

The age of these patients varied from 19 years to 42

years. However, the majority, over two-thirds, fell into the 19-30 years bracket.

HISTORY

The history of onset of ulcer symptoms in these two groups of patients did not differ to any appreciable extent. The onset of the classical ulcer symptoms of epigastric distress partially relieved by soft foods, soda or aluminum hydroxide and usually accompanied by nausea and occasional vomiting was preceded in all cases by symptoms of anxiety, for a period of several weeks or months. The difference was merely in the degree and variety of the anxiety symptoms which were presented by the patient.

Those patients whose psycho-somatic complaints were chiefly confined to the epigastrium were usually given a gastro-intestinal investigation at an advanced base hospital. If no definite ulcer crater was visible at that time, a neuropsychiatric diagnosis was established. If positive evidence of ulcer was revealed by x-ray, then the patient fell into our "Duodenal Ulcer" group on entry here.

On the other hand, patients who developed varied psycho-somatic complaints and perhaps a more acute anxiety state with headaches, startle reaction, insomnia, violent dreams, and also had epigastric symptoms, were usually not given a thorough gastro-intestinal investigation. This was especially true if the gastro-intestinal complaints were not typical of ulcer, and these were classified with a straight neuropsychiatric diagnosis before being transferred to the United States.

This is not intended as a criticism of diagnosis at advanced base hospitals. Under the stress and rush of handling large groups of patients in combat areas, we realize (since one of us was stationed at an advanced base hospital for about 8 months), that there is not sufficient

TABLE 1.—Anxiety Neurosis—Duodenal Ulcer Syndrome

A Schematic Correlation of Clinical and X-ray Findings at Various Stages in the Progress of the Disease Under Treatment

Clinical Stage and Pathogenesis	Anxiety Symptoms and Signs	Epigastric Symptoms and Signs	Important GROSS Fluoroscopic Findings	Important Radiographic Findings
<i>Acute</i> 1. (Early Erosion) Onset to 4 weeks	Marked	Marked	Pylorospasm 2+ to 4+ Bulb Hypermotility 4+	1. Spastic Constriction 2. Niche rarely demonstrable
<i>Early Subacute</i> 2. (Beginning Induration) 4-8 weeks from onset	Marked	Less Marked	Pylorospasm 1+ Bulb Hypermotility 2+	1. Spastic indentation 2. Sharp niche 3. Limited induration
<i>Subacute</i> 3. (Induration at Peak) 8-12 weeks from onset	Diminished but present	Diminished but present intermittently	Bulb Hypermotility 1+	1. Heavy induration 2. Smooth niche 3. Limited spastic deformity
<i>Late Subacute</i> 4. (Induration Subsiding) 12-16 weeks from onset	Diminished but usually still present	Usually absent	Negative	1. Residual wavy induration 2. Shallow niche
<i>Healed</i> 5. Patient clinically and radiographically cured	Absent	Absent	Negative	1. Minimal induration occasionally

Note.—Time estimates in this clinical syndrome (left column) are naturally variable depending on the type of therapy and depth of anxiety state in the patient. Above are averages for our group. Without proper therapy the ulcer conceivably might become chronic after 3 or 4 months. This did not occur in any of our patients.

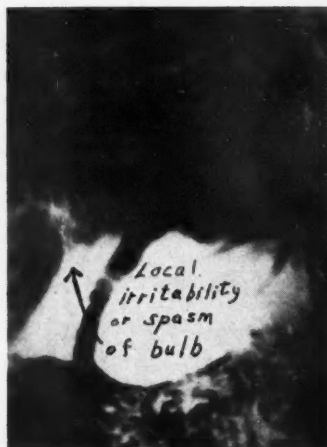


Fig. 1.—The spastic constriction of the entire lumen is characteristic of the acute stage.

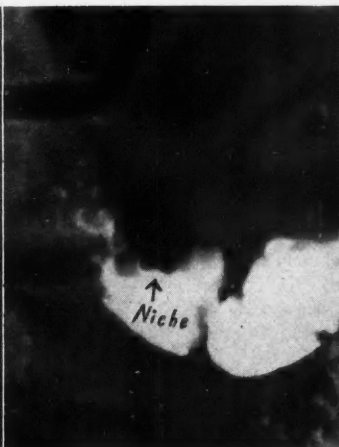


Fig. 2.—Characteristic findings in early subacute stage. The niche is pointed; the induration cup-shaped. The spastic deformity is confined to the ulcer area.

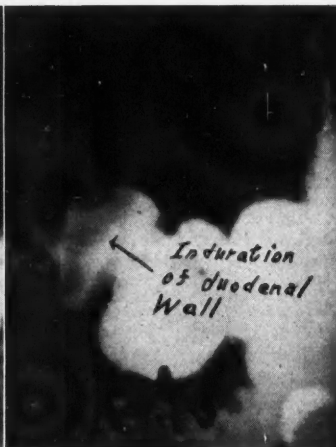


Fig. 3.—Characteristic picture of late subacute stage.



Fig. 1.—Early Subacute Stage. Small pointed niche (arrow). Some spastic indentation of the wall at ulcer site.



Fig. 2.—Subacute Stage. Shows depression with some surrounding induration at the site of niche.



Fig. 3.—Healed.

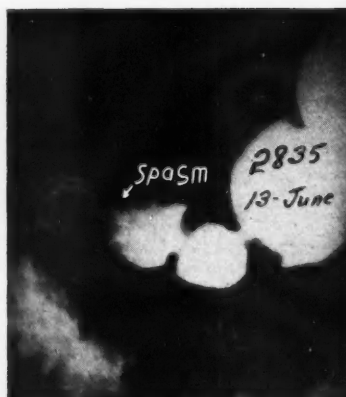


Fig. 1.—Acute Stage. Only the spastic constriction is seen.

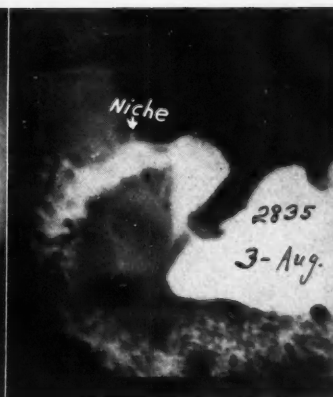


Fig. 2.—Subacute Stage. Niche now visible. Spastic deformity more limited.

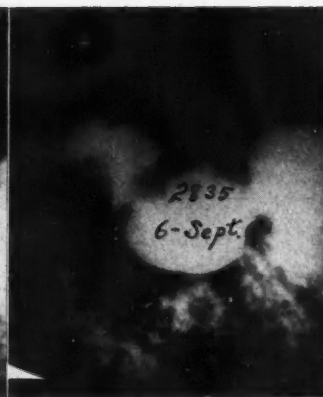


Fig. 3.—Healed.

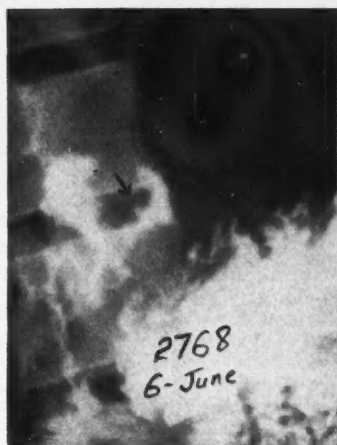


Fig. 1.—Early Subacute State. Niche, induration and spastic deformity visible.

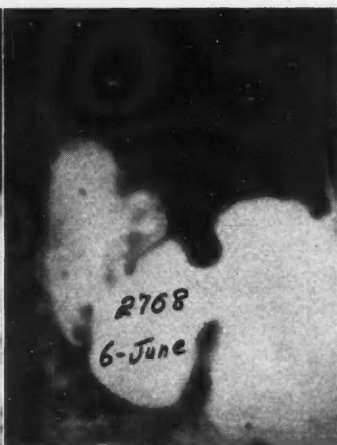


Fig. 2.—Early Subacute Stage. Spastic indentation and induration visible.



Fig. 3.—Healed. Minimal induration (dark area) visible at center of bulb.

time to make complete studies and only rough classifications of patients as to diagnosis can be accomplished. Whereas in this hospital, treating the patients, with rehabilitation to civil life, as the aim, we had ample time to study the patients and their previous histories.

The acute anxiety symptoms were apparently precipitated by three chief causes: (1) actual combat conditions, (2) worries about family affairs at home such as infidelity of wives, or health, or economic status of mothers or wives, (3) gradual onset of same symptoms after being long periods overseas in unpleasant and uncomfortable surroundings with only male companionship.

Many of these patients, of course, had a definite previous history of neurotic pattern and a large percentage had definite histories of intermittent ulcer symptoms previous to onset of their present acute illness.

PHYSICAL EXAMINATION

The findings on physical examination also were identical and consistent, in the two groups and only varied in degree. The patient was usually considerably underweight and tired, but not toxic in appearance. He was rather tense with either mild anxiety signs, such as only a fine tremor of hands and diaphoresis of palms, or in addition, more marked signs and symptoms of anxiety such as "startle reaction," insomnia, hyper-ventilation, stuttering and violent dreams.

All of these cases on admission had tenderness in the mid or right epigastrium on deep palpation, which also varied somewhat in degree depending on the acuteness of the ulcer.

Other physical findings were usually irrelevant.

LABORATORY EXAMINATIONS

The patients all were given routine laboratory examinations consisting of complete blood counts, routine urinalysis, blood Kahn test, and in addition, sedimentation rate, gastric analysis, and stool examinations for occult blood. In patients who had been stationed on island bases in the Pacific, examination of stools for ova and parasites was also routine.

X-RAY EXAMINATION

All of these patients had a routine gastro-intestinal x-ray examination on admission to this hospital. Most of

them had had at least one previous examination, done soon after development of symptoms. As noted from the above figures, approximately one-half of the early examinations were reported as negative. In reviewing the histories, it was noted that a definite time relationship existed between the onset of symptoms and the appearance of a definite "niche" on x-ray examination.

One of us had an opportunity to observe early cases at a Guadalcanal mobile hospital, where approximately 5 per cent of gastro-intestinal x-ray examinations revealed duodenal ulceration. When seen at a later stage at this hospital, approximately 50 per cent of patients with the previously mentioned syndrome, revealed definite peptic ulcers.

This series of patients afforded an excellent opportunity to study the x-ray findings in the various stages of duodenal ulceration.

The usual fluoroscopic and radiographic examinations were carried out. The fluoroscopic examination was done as rapidly as practicable. Radiographs were relied on for fine detail. Spot films were of some value, but not indispensable.

We found it convenient and desirable to classify the disease into the following states: (1) acute, (2) subacute, and (3) healing. The x-ray findings were rather characteristic for each stage. However, the size and location of the crater modified the picture considerably.

ACUTE STAGE

A spasticity or irritability of the duodenal bulb was the principal finding during this period. Fluoroscopically, it revealed itself as a rapid intermittent emptying of the bulb followed by a spastic constriction at the ulcer site and distally; and a partial, sharply-cut off retention in the base. We often referred to this as the "turtle head effect."

Radiographs also revealed the spasticity, Fig. 1.

Pylorospasm was usually present, especially if the lesion approximated the pyloric valve.

An actual crater was seldom seen.

SUB-ACUTE STAGE

The crater or "niche" was usually found at this stage, Fig. 2. A varying degree of induration of the duodenal wall, at and around the ulcer site, was also evident.

The spasticity was less evident than in the acute phase. Fluoroscopically it revealed itself as a hypermotility of the bulb, radiographically as a spastic indentation, Fig. 2.

HEALING STAGE

The residual induration, and possibly a shallow depression at the ulcer site were the characteristic findings, Fig. 3.

Occasionally, hypermotility of the bulb was evident on the fluoroscopic screen.

METHOD OF TREATMENT

Since most of our patients had received some degree of treatment at advanced hospitals or on ships, the majority were in a subacute stage on entry. Our routine treatment consisted of:

(1) a. Bland diet with milk between meals and at bedtime.

(2) b. Tincture of Belladonna, drops 10 TID AC.

c. Phenobarbital, grs. $\frac{1}{2}$ TID PC.

d. Aluminum hydroxide drams 2 prn., only if the above diet and medication did not relieve the epigastric symptoms. (After the first 7-10 days this was rarely required.)

(3) Psychotherapy: At the original examination and thereafter, every effort was made to determine through a psycho-somatic type of history what the principle precipitating factor was that caused the acute anxiety in the present illness. When this was obtained, it was pointed out to the patient that emotional stresses and strains could have a bearing on his epigastric symptoms. We gave a brief physiological explanation of the pathway of the emotional impulses through the mid brain, and the autonomic nervous system causing pylorospasm, hyperacidity and duodenal irritability. It was then pointed out that if the process continued over a long period of time, ulceration of the mucous membrane often resulted.

It was found that these acute precipitating factors, as noted above, fell largely into three groups. Most of the patients had a definite history of neurotic pattern since childhood, but our therapy because of the volume of patients and urgencies of war, was aimed mainly at the immediate rather than the deeper causes of the acute anxiety.

If the acute anxiety was precipitated by actual combat conditions, or being overseas in the combat area, the patient was assured, once his diagnosis was definitely confirmed, that he would never again be sent overseas. Furthermore, because of the type of illness he suffered from, he was told he would be surveyed after sufficient treatment, to either limited duty within the United States, or completely surveyed from the navy or marine corps.

If the acute anxiety was precipitated by family situations, which most of these men found were practically impossible to solve while overseas, the patient was encouraged to make a decision with regard to the problem and take some form of action upon it. A high percentage of the patients, for example, learned of infidelity of their wives while overseas or their wives wrote, stating they wished to be divorced. In these cases, the men were encouraged to bring their families or wives to the neighborhood of the hospital to solve their problems. Most patients were given liberty twice weekly, once their epigastric symptoms had subsided so that these matters could be adjusted or decided upon.

Under the above system of therapy, both anxiety symptoms and ulcer symptoms subsided rather rapidly. In most patients, epigastric symptoms subsided in a few weeks and radiologically the ulcer was healed in 6-12 weeks, at which time the patient was surveyed. It was observed that the healing of the ulcer radiologically usually coincided

with the disappearance of the usual anxiety signs. The patient who had the most marked anxiety of all this group of patients, was the slowest to show healing of the ulcer radiologically—(five and one-half months).

All patients were ambulatory during the above therapy except in rare instances where epigastric symptoms were severe—in which case, bed rest was also given for a few days.

SUMMARY

One hundred and sixty-one patients were treated over a period of 13 months for duodenal ulcer. Eighty-three patients had a diagnosis of ulcer established by x-ray before entry. Seventy-eight of the group entered the hospital with a diagnosis of anxiety neurosis or combat or operational fatigue, and were found to have concurrent duodenal ulcers. All of the patients of both groups had a definite history of an acute anxiety state, plus epigastric complaints for usually several weeks or months preceding the time that the organic lesion could be demonstrated radiologically. If other psycho-somatic complaints were more prominent than the epigastric complaints, these patients were classified as anxiety neurosis at advanced bases. On the other hand, if the epigastric complaints were the most constant and x-ray examination revealed a definite ulcer, the anxiety state was ignored and duodenal ulcer became the diagnosis. X-ray examinations of the upper gastro-intestinal tract in the first few weeks or month of this syndrome do not as a rule reveal the organic lesion, but 1-2 months later if the anxiety state persists, the ulcer can usually be demonstrated radiologically.

These patients uniformly responded rapidly to therapy consisting essentially of bland diet and psycho-therapy aimed at the cause of the acute anxiety.

A schematic table (Table 1) correlating the neuropsychiatric, epigastric, and x-ray findings in the various stages of the syndrome is presented. Typical x-ray findings at various stages of this syndrome are also presented.

CONCLUSIONS

1. It is suggested that an underlying anxiety neurosis is a major factor in the etiology of duodenal ulcers. Stimuli due to emotional tension and strain transmitted through the hypo-thalamus and autonomic nervous system cause chronic pylorospasm, hyperacidity and duodenal irritability. This undoubtedly lowers the resistance of the duodenal mucosa with resulting erosion.

2. It is realized that all patients with an anxiety neurosis do not develop duodenal ulcers, many instead develop other somatic complaints such as effort syndrome and hypertension. However, all of the patients in the above series had an underlying anxiety state of some degree previous to the development of the organic lesion. The somatic manifestations which develop in patients with a chronic anxiety state are undoubtedly determined by previous early environmental influences.

Psychotherapy directed at the precipitating cause of the underlying acute anxiety state in this syndrome is of major importance in its treatment.*

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* The authors wish to express their sincere appreciation to the following members of the psychiatric staff of the U. S. Naval Hospital, San Leandro, California, for their invaluable consultations and suggestions in this study: Capt. L. R. Gowan (MC), U.S.N.R., Comdr. Edson H. Steele (MC), U.S.N.R., Comdr. Joel Hill (MC), U.S.N.R., Comdr. William B. Titley (MC), U.S.N.R., Comdr. Kenneth Kelley (MC), U.S.N.R., and Lieut. Comdr. Carl A. Tillman (MC), U.S.N.R.

POLLINOSIS IN IMPERIAL COUNTY, CALIFORNIA, AND YUMA, ARIZONA*

WITH GUIDE TO TREATMENT

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IMPERIAL County, California, is approximately the size of the state of Connecticut. Yuma, Arizona, and Mexicali, Mexico, although outside its political boundaries, adjoin Imperial County communities and are therefore included in this study. The pre-war population of this combined area was about 120,000. Most of the Colorado desert lies within Imperial County. The flat central portion of this desert, often called Imperial Valley, has been converted into a rich farming country by irrigation. Most of Imperial Valley is below sea level, reaching -244 feet at the Salton Sea. Mountains almost completely surround the valley, those to the west rising as high as 6,500 feet. Intense heat prevails throughout the summer and freezing temperatures occasionally occur in winter. The mean annual rainfall is 2.5 inches although great variations, from literally 0 to 8 or 10 inches, occur from year to year. The prevailing wind is westerly about 70 per cent of the time. High winds with accompanying dust storms are frequent. The relative humidity is low and, contrary to popular belief, is but little affected by the irrigation.

The incidence of pollen disease is high in this area. Although the concentration of pollen in the air never reaches the high values which obtain at the peak of the ragweed season in the middle west, this mitigating circumstance is more than offset by the length of the season and the rarity of even brief periods of respite due to rains, frosts, or favorable shifts in the wind.

Three decades of clinical trial by physicians in many countries have demonstrated the feasibility of specific hyposensitization therapy in pollinosis. Therapeutic success depends most of all on the proper selection of the constituents of the antigen to be used and this depends in turn on exact knowledge concerning the relative abundance in the air of the pollens of the various species to which the patient is exposed. Daily pollen counts at suitable locations give us valuable information concerning the concentration of pollen in the air. Unfortunately, only a few individual species of pollen can be identified microscopically; for the most part only families or genera can be identified in this way. The relative abundance and distribution of the various species of plants within these families or genera can be determined only by field observations repeated at frequent intervals throughout the year. The pollen production per given area can be quantitatively measured for each species and the buoyancy of the pollen and hence its ability to travel in the air can be estimated by determining the size and other physical characteristics of the pollen granules. The toxicity for any given patient is determined by skin testing. It was with all these factors in mind that the present study was planned.

An excellent survey for all of Southern California was published by Piness, Miller and McMinn in 1926.¹ How-

ever, in covering this vast area an intensive study of Imperial Valley alone was not to be expected. Moreover, the usefulness of their survey was limited by the fact that they reported only the "importance" of each species and did not show how this estimate was determined. Very important species such as Russian thistle (*Salsola kali*) have become abundant in Imperial Valley since their survey. A few important species, notably desert false ragweed (*Franseria dumosa*) were overlooked.

PROCEDURE

Daily pollen counts were made throughout the year 1936 from slides exposed on the roof of a two-story office building in the center of the business district of El Centro. Graphs of these pollen counts are shown in Chart I. The values expressed represent the numbers of each type of pollen grain found on one square inch of slide after a 24-hour exposure in a horizontal position. The slides were coated with the emulsion recommended by Wodehouse.²

Next it was necessary to determine the relative abundance and distribution of each wind-pollinated species which might be of importance in pollen disease in this area. For a period of two years, each community in Imperial County as well as Yuma, Arizona, and Mexicali, Mexico, was visited on the average of once every two months and careful notes and quantitative estimates made of the relative abundance of each species. In addition careful consideration was given to the occurrence of the various species of plants in the areas intervening between communities. The relative abundance on a scale of 1 to 10 of each species in Imperial Valley, and separately for Yuma and surrounding territory, is shown in Table I.

Other pertinent data necessary for arriving at an accurate notion of the significance of each species is also included in Table I. The pollinating dates given are the result of actual field observations. It must be remembered, however, that these dates are variable from year to year depending chiefly on the occurrence of rains. The values for pollen production are based on the arbitrary selection of *Franseria acanthicarpa* (false ragweed) as the standard with a value of 100. This plant was selected because it closely resembles *Ambrosia elatior* (dwarf ragweed) which has been used as the standard of comparison in similar studies by other authors. In the study of Barrett³ both species were observed and by a similar method he arrived at a value of 65 for *Franseria acanthicarpa* as compared to 100 for *Ambrosia elatior*. To determine these values the flowering portions of the plants were gathered at the peak of the pollinating season from a pure stand of an area carefully measured or estimated to be 1 square meter in size, or some definite fraction or multiple of that area. These plants were then placed in water in the sun in a quiet room with the flowers hanging over glazed paper. After 48 hours the heads were shaken and dry pollen collected and weighed. The weight of pollen calculated for 1 square meter was then related to similar values obtained for our arbitrary standard. *Franseria acanthicarpa* was found to produce 1.7 gms. of pollen per square meter per day at the peak of pollination. For a few species the actual weight of pollen per square meter was not obtained. For these an estimate based on field observations is given on a scale of 1 to 4 plus.

The size of the pollen grain in the dry state was obtained by actual measurement.

The percentage of patients reacting by scratch test is also shown in Table I. This will be helpful to the practitioner in selecting the pollens to use for testing. It will be noted that certain species rarely give strong reactions whereas with other species, the stronger reactions predominate.

* Author wishes to acknowledge the technical assistance of Mrs. Helen McMichael.

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* We wish to express our grateful appreciation to Dr. Philip Hodgkin of El Centro whose cooperation in exposing slides for pollen counts, made this study possible.

* The reprints of this article will contain a map of Imperial County and a table which shows the distribution of the plants of importance in pollinosis in this area. Additional data which could not be presented in tabular form are also given in reprints.

In the last column in Table I an attempt was made to indicate the over-all importance of each species.* Toxicity was disregarded in this estimate since that factor varies with each patient and is determined by skin testing. The values given were determined by the following formula:

$$\frac{n \cdot b \cdot p \cdot a}{2 \cdot 10} = I.R.$$

when

n = number of months of pollination
 b = buoyancy factor, which is equal to
 $\frac{\text{velocity of fall of a pollen of 25 microns diameter*}}{\text{velocity of fall of a pollen of the size in question}}$
 p = pollen production
 (Franseria acanthicarpa) = 100 = 1.7 gms. per
 day per square meter
 a = abundance (scale 1 to 10)
 IR = Importance rating.

The theoretical considerations pertaining to this formula are discussed more fully in a previous communication.⁵

DISCUSSION

We may now refer back to Chart 1 and Table 1 and explain certain facts therein. The values for Cupressaceae are due almost entirely to *Juniperus californica* (juniper), which is found on the eastern slope of the Coast Range. The Fagaceae pollen must have come largely from *Quercus agrifolia* (coast live oak) and to a lesser extent from *Quercus chrysolepis* (maul oak) which grow nearest to Imperial Valley in the mountains to the west. The values for "other compositae" must be due chiefly to *Pluchea sericea* (arrowweed) since the rise in the curve occurs during its flowering period. The *Artemisia* (sage brush) curve corresponds to the pollinating period of *Artemisia tridentata* (common sagebrush) which is found on the eastern slope of the mountains to the west. There are two rises in the *Ambrosia* (ragweed) curve, one due to *Franseria dumosa* (desert false ragweed) in May and June, and another in August, September, and October, which must be due to *Ambrosia psilostachya* (western ragweed) which grows throughout San Diego County to the west and to *Franseria acanthicarpa* (false ragweed) which lines the roadsides in the eastern third of San Diego County. The slight rise in March is probably due to *Hymenoclea salsola* (burrobush). It will be seen that grass pollen (*graminae*) occurs throughout the year, with a marked increase in April and May. Bermuda grass far exceeds all others combined.

We come finally to the most abundant group of all, the Chenopods and Amaranths. There is a slight rise in late January which comes from *Atriplex hymenelytra* (desert holly). A later rise in April and May can be accounted for only by *Chenopodium murale* (sowbane) and some early flowering *Amaranthus palmeri* (careless weed). The great rise in August and September is a composite of all the remaining members of this group, the chief of which is *Atriplex lentiformis* (quail bush).

SUMMARY

Pollen counts and data concerning the abundance, pollinating dates, relative pollinating ability, size of pollen grains, and pollen toxicity of plants concerned in pollen disease in Imperial County, California, have been presented. It is suggested that in determining the composition of the pollen antigen for any given patient, the skin reactions be considered first in relation to the abundance of the reacting species and then in relation to the amount of pollen produced and its buoyancy as indicated by its pollen size. In this way an intelligent

decision as to the percentage of each pollen to be included in the patient's antigen can be made and a much higher percentage of satisfactory clinical results achieved.

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SUBDURAL HYDROMA*

A CAUSE OF MORBIDITY AFTER HEAD INJURY

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SKEPTICISM and suspicion are rapidly being lifted from this condition which must now be accepted as a well-defined clinical entity. Those who have seen cases of subdural hydroma treated successfully are able to appreciate that a relatively thin layer of clear fluid between dura and arachnoid can result in dire intracranial disturbances which may cause permanent disability of severe degree.

The literature contains about thirty articles on the subject and the earlier authors are quoted repeatedly. The more complete reviews of the literature are provided by da Costa and Adson,² and by Wycis.⁶ Extensive outlines of the clinical picture, means of diagnosis and treatment are presented by Naffziger,⁴ Dandy,³ da Costa and Adson and by Wycis. Peet,⁵ offers a concise description of the clinical problem.

ESSENTIAL PICTURE

The essential picture is one of progressive or persistent intracranial disturbance after a head injury. In mild cases there may be headache with some evidence of local brain compression. Severe cases may even exhibit status epilepticus, acute mania, deep coma or complete hemiplegia. Most authors state that the clinical picture is the same as in cases of subdural hematoma.

The lesion may occur as a simple collection of clear, colorless or yellow fluid, it may have an enclosing membrane, it may be massive and occupy a large part of the cranial cavity,¹ or it may even be solidified.¹

Help in establishing the diagnosis is afforded by finding increased spinal fluid pressure, improvement following spinal puncture, failure of subarachnoid space to fill normally in an encephalogram or slight shift of the ventricles to the opposite side. However most or all of these items may be absent and the surest way to prove or rule out a subdural hydroma is by inserting burr-holes in the skull. And any patient who is not progressing satisfactorily after a head injury must be suspected of having such a lesion.

CLINICAL MATERIAL

In the past seven years a total of fifty-one patients with subdural hydroma have been treated. The age varied

* The velocity of fall of pollen grains of different sizes is given by Dahl and Ellis.⁴

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between one day and fifty-five years. They are subdivided in Table 1.

TABLE 1.—Cases of Subdural Hydroma

Acute, following head injury.....	21
Chronic, with history of head injury.....	23
Accidental finding	7
Total	51

Those classified as acute have occurred during the primary illness after a head injury. In the chronic cases there has been an interval, usually of several months, between a head injury and the culmination of symptoms leading to neurosurgical consultation. Accidentally found were in cases suspected of having hydrocephalus, epilepsy due to a cortical scar, brain tumor or other abnormality and in the course of burr-holes for ventriculogram the subdural hydroma was encountered or an encephalogram revealed it.

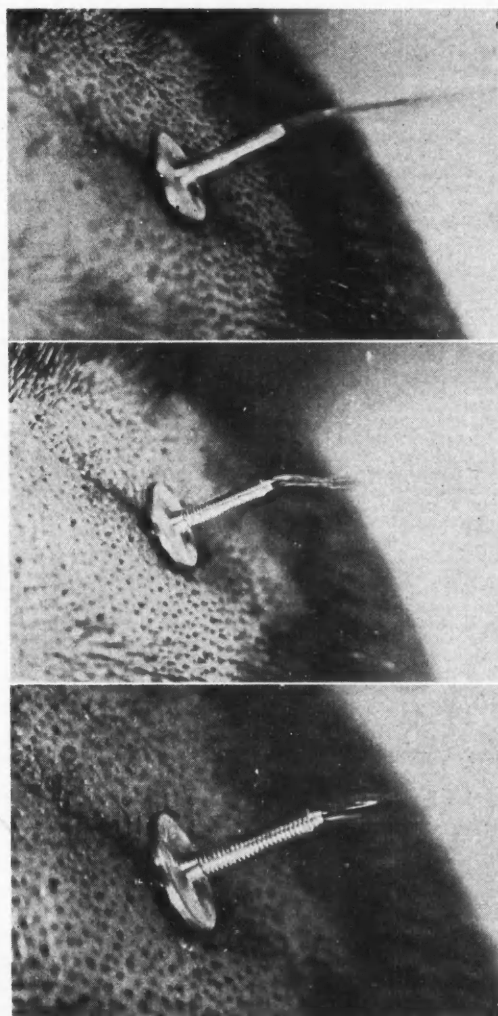


Fig. 1.—Case 1. Serial photographs taken with the blunt needle reaching through the dura. The top picture shows the sudden gush on first removing the stylette. Needle measures 1/16 inch outside diameter.

To review the mode of onset, outstanding symptoms, neurological signs and laboratory findings in all of the cases would be largely repetitious. A few points seem worthy of mention. All patients had some degree of headache, excluding small infants who were unable to complain. Babies usually gave evidence of discomfort in being irritable, holding the head or bumping it on the bed or wall. Headache was not necessarily the outstanding complaint and in some cases in which progressive attacks or increasing disability of an arm or leg was the presenting symptom, the complaint of headache was elicited only on direct questioning. (The patient, one day old, was in status epilepticus and had bilateral subdural collections. Now, at five months of age, she is apparently normal.)

In eleven depressed skull fractures of the "egg-shell" variety, seven had subdural hydromas. Three of the remaining four patients had torn dura. When subdural fluid was released in such cases the patient or the family usually noticed with surprise the prompt and general improvement and this was far out of proportion to what one would expect from raising a slight depression. It has come to be expected that, in this type of depressed skull fracture, a subdural accumulation of clear fluid will be found unless the dura is torn sufficiently to allow such fluid to escape. This provides an additional indication for elevation of depressed fractures even though the displacement of fragments may seem slight at the time x-rays are taken.

In the acute cases with focal symptoms it was sometimes surprising to see, for example, a completely paralyzed right arm with aphasia but much less weakness of the right leg, little effect on the level of consciousness and no significant change in pulse nor in blood-pressure. Thus, when a limited area of brain becomes affected to a severe degree, after a head injury, it speaks for a subdural hydroma rather than a hematoma. Also, when the effect was more generalized with such symptoms as acute mania or generalized headache with much vomiting, the level of consciousness was hardly altered. In the author's experience nausea and vomiting were more often found in cases of subdural hydroma than of subdural hematoma.

In many of the chronic cases, headache was present after a head injury but it subsided and more recently had become progressively worse. Slight neurological signs appeared to point to a one-sided lesion. Some of the cases were industrial and had been on compensation for between one and two years. It might be expected that this would lead to a functional overlay, beclouding the diagnosis. However a consistent story of headache, clearly described, usually unilateral, was accepted as genuine in spite of medico-legal proceedings. Confirmatory evidence was often found in one-sided attacks, larger pupil on the side of the lesion and slightly increased reflexes or sensory change on the side opposite to the lesion. When an encephalogram was carried out as a therapeutic measure for post-traumatic headache or for diagnosis in cases of epilepsy, the finding of subdural air was taken to indicate a subdural hydroma (Fig. 2). Such patients seemed to have much more headache and for a longer time after the air injection than did others without subdural air. Whenever subdural air was present in an encephalogram, burr-holes were inserted and subdural fluid was found. Drainage led to good improvement and almost always to complete relief.

REPORT OF CASES

Four cases are reported briefly to illustrate special points of interest.

CASE 1.—L. R., male, aged 42 years, referred by Dr. L. F. Smith of Monrovia, California, had been subject to right-sided convulsions without warning for nine months. On being asked directly, he reported having had head-

aches, in attacks, as long as he could remember. It was a dull, generalized headache and occurred most frequently, at least once per day, at puberty. It was becoming less frequent but not less severe. There was no history of a head injury before the onset of headache. Neurological examination revealed optic discs somewhat blurred in outline with small cups and dark retinal veins. The vessels curved slightly across the disc. Left pupil was larger than right. Sensation to pin was decreased on right face and arm. Right face moved 90 per cent voluntarily and 80 per cent with smile and scowl. Deep reflexes were stronger in right arm and leg than left. Perception of figures written on skin of right arm was definitely slow. The tentative diagnosis was neoplasm in left cerebral hemisphere but, when burr-holes were made for ventriculogram, a large bilateral subdural hydroma was drained. It was enclosed in a thin grayish membrane and the brain surface was between 5 and 10 mm. from dura. Large amounts of clear straw-colored fluid poured out. Drains were inserted through separate stab-wounds and dressings required changing once or twice daily, due to saturation with fluid. Drains were removed in four days. Then every five to seven days for the next five weeks, short brain needles were inserted to a depth of 2 cm. from the skin. With patient lying flat, fluid was allowed to drain until it stopped. On first withdrawing the stylette there would be a copious gush of fluid under high pressure (Fig. 1). On the last draining only 2 cc. of fluid came from the left side and less than 1 cc. from the right. Three months later patient reported no spells of any kind since the burr-holes. Headache was absent. Many of his friends had observed great change in his general attitude and alertness.

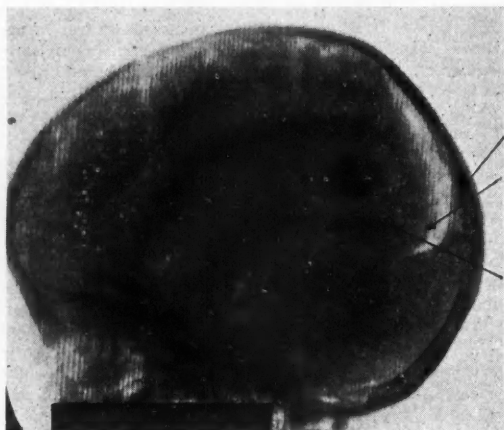


Fig. 2.—Case 3. Encephalogram, horizontal view, with brow down. Subarachnoid space is only moderately well filled. Outline of subdural air is indicated by arrows.

CASE 2.—B. P., male, four months of age, referred by Dr. Milo Brooks of Westwood Village, California. The baby's head had been enlarging for three weeks. Was the second child and labor was apparently normal. The child had been born with a hare-lip and cleft palate and this had been repaired at the age of three months, or one week before the head had started to enlarge. Vomiting had begun and, following neurosurgical consultation elsewhere, the parents had been told that the condition was hopeless. The fontanelle was very tense and bulging, scalp veins were distended and blue. Maximum head circumference was 44.8 cm. Anterior fontanelle was 7.0 cm. wide. Burr-holes were inserted in both parietal regions and much clear yellow fluid drained from the subdural space. The fontanelle did not remain soft and eleven days later a left frontal burr-hole was made with additional copious drainage of fluid. Fontanelle again became tense and in four days a right frontal burr-hole delivered even more subdural fluid. In all burr-holes the brain surface was quite far from the dura and drains were left in for three days. The fontanelle became soft once more but fluid kept collecting under the right frontal scalp wound, causing it to bulge. This fluid was aspirated every two or three days, from 8 to 27 cc. being obtained at a time. As long as this fluid was withdrawn the anterior fontanelle remained soft. The baby was discharged and Dr. Brooks continued the

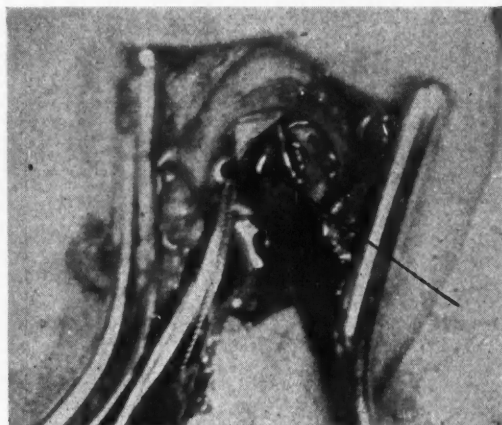


Fig. 3.—Case 3. Taken from color photograph of right parietal burr-hole after dura was opened. Small dissector is depressing brain from dura. Arrow points to clear fluid coming from subdural space.

aspirations every few days for three months. Seven months after operation baby was apparently normal. Head measured 51.0 cm. in circumference and anterior fontanelle was 3.5 cm. across.

CASE 3.—J. S., male, referred by the pediatric service, was seen first at the age of twenty months with the history of fifteen left-sided convulsions since birth. More recently there had been dragging of the left foot. Air encephalogram showed sulci slightly wider than average, normal ventricles, subdural air, (Fig. 2). Right parietal burr-hole released a large collection of fluid, (Fig. 3), on which total protein was 792 mg. per cent. Cerebro-spinal fluid total protein was 22.6 mg. per cent. Child improved but had right-sided convulsive manifestations and was readmitted for left parietal burr-hole with drainage of subdural hydroma of moderate size. In two weeks there were mild left-sided attacks again. Aspiration of right parietal burr-hole was unproductive and right frontal burr-hole was inserted. A large subdural hydroma was liberated and drainage was so profuse that the entire bed-linen required several changings. Drain was left in for four days. Two weeks later the right arm and leg were being used less than the left and a left frontal burr-hole was made, draining a subdural hydroma of moderate size. Three months later there had been no convulsive manifestations since the last operation and the other symptoms had disappeared.

CASE 4.—M. V., female, referred by Dr. Milo Brooks of Westwood Village, California, aged two years. Was considerably retarded, not talking nor walking, using right arm poorly. Baby was irritable, would bump its head on the wall and eyes had been turned in since birth. Encephalogram showed ventricles large, left more than right and great enlargement of subdural space, (Fig. 4, b). For several days after the encephalogram baby was unusually restless with much vomiting. Bilateral parietal and frontal burr-holes were made and much clear yellow fluid obtained in all. Drains were left in the parietal regions for five days. After that, fluid collected under the scalp over right parietal burr-hole and every few days for a month it was aspirated in amounts up to 52 cc. Two years later the right parietal burr-hole was reopened and much fluid came away for several days. There had been definite improvement although baby was still very retarded.

COMMENT

As pointed out above, the diagnosis of subdural hydroma is suggested if there be neurological signs pointing to involvement of only a part of the hemisphere. Even when the disturbance is great, signs of increased intracranial pressure as reflected in level of consciousness, pulse-rate and blood-pressure, are lacking. As headache becomes more severe, it is accompanied by nausea and vomiting more often than in cases of subdural hema-

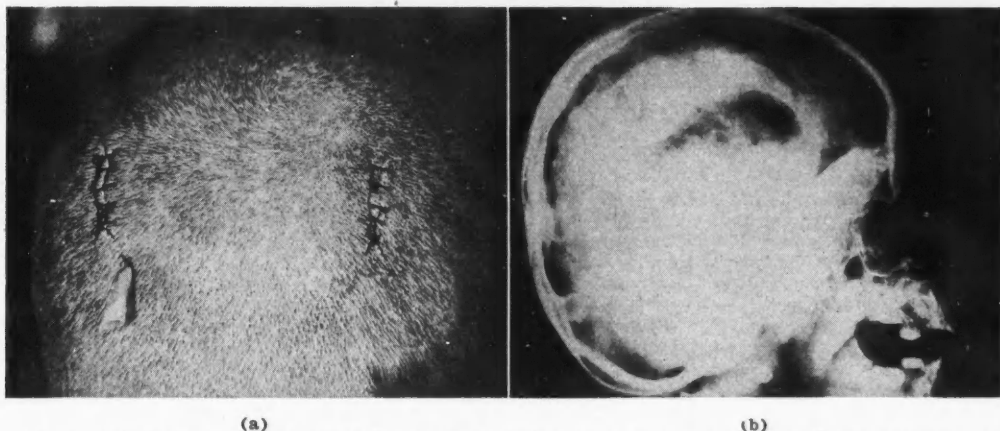


Fig. 4.—(a) To illustrate the method of inserting a drain; (b) Case 4.—To show, in an encephalogram, an extreme degree of subdural hydroma diagnosed by subdural air.

toma. If an encephalogram has been carried out, headache with nausea and vomiting tends to be more persistent than usual.

When one visualizes the mechanism of an "egg-shell" variety of depressed skull fracture, it is easy to see how the arachnoid could be stretched and torn more readily than in the "closed" type of head injury.

In attempting to explain well-developed neurological signs resulting from a thin layer of subdural fluid, one should consider several factors. First the subarachnoid space beneath the hydroma is reduced in size with alterations in cerebrospinal fluid circulation there. Surface veins can be compressed, leading to congestion and edema in subjacent brain. Thrombosis can occur and might explain the tardy recovery of certain functions after an initial period of rapid improvement.

It is sometimes suggested that the finding of subdural fluid is due to an inadvertent opening in arachnoid when the burr-hole is inserted. Everyone doing neurological surgery knows that such fluid seeps through the arachnoid by drops and could not give rise to the continual flow of fluid from areas far beyond the opening in the dura.

Some authors advise against leaving drains in place when subdural fluid is encountered. It is the author's experience that, when rubber tubing drains are inserted through separate stab-wounds (Fig. 4, a) they may be left in for at least five days without complication.

It is illustrated in the cases outlined above that repeated drainage or insertion of multiple burr-holes may be necessary for a satisfactory result. The operation of making burr-holes in the skull is not a serious one and carries a negligible degree of risk. It is often done as a diagnostic measure and should not be withheld until there is no doubt about the necessity of draining a subdural collection.

Almost all of the patients who have had subdural hydroma drained adequately, have shown lasting improvement amounting to complete cure. Recovery has usually taken place in from a few days to three or four months. Babies with much mental retardation and who had large subdural collections showed some improvement. One might surmise that earlier operation would have been more effective.

SUMMARY

The primary description of the clinical problem of subdural hydroma has been covered by many authors.

Any patient who has persistent or progressive intra-

cranial disturbance after a head injury may have such a lesion.

The neurological symptoms and signs may be slight or severe.

Subdural hydroma has been found in cases of depressed skull fracture of the "egg-shell" variety.

Improvement is usually prompt with, in most cases, complete recovery when the hydroma is drained completely.

Fifty-one cases have been treated by the author. Significant details are recorded in four cases in which repeated drainage was necessary.

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Edward Jenner (1749-1823).—The boy Jenner was bled, purged, and dieted for six weeks preparatory to smallpox inoculation. This horrible experience was never forgotten; nor, as a medical student, did Jenner fail to recall a milkmaid's remark: "I cannot take smallpox, for I have had cowpox." After years of study, on May 14, 1796, Jenner inoculated eight-year-old James Phipps with matter from the cowpox vesicles on the hands of Sarah Nelmes. Subsequent smallpox inoculation proved him immune. Thus began immunology.—*Warner's Calendar of Medical History.*

Karl A. Rudolphi (1771-1832).—The great honors bestowed upon the Swedish naturalist, Karl A. Rudolphi, were well deserved for under his guidance Berlin began to develop into a great center for the study of human and comparative anatomy. Aside from this, he has been called the father of helminthology and the Linnaeus of parasitology because of the many new species which he described. Apparently, he was the first to see *Taenia echinococcus*.—*Warner's Calendar of Medical History.*

CHRONIC LEG ULCERS OF SICKLE CELL ANEMIA*

REPORT OF CASE: WITH REFERENCE TO RECOGNITION
OF THE DISEASE IN CALIFORNIA

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AND

SAMUEL TASKER, M. D.

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SINCE Herrick's first report in 1910¹ of sickle cell anemia associated with leg ulcers, over three hundred cases of the disease have been reported in the medical literature.² No instances of the disorder, however, have been reported to date from California or other Pacific coast states. It is probable that the relatively small Negro population in this State previous to 1940 compared to the southern United States, where most cases have been reported, has presented little or no opportunity for California physicians to encounter this disease. The marked increase in the Negro population in California during the past five years, due to employment offered by war and industrial plants, has more than doubled the Negro population in the State. Most of these Negroes have migrated from southern states where the disease is relatively common. The fact that chronic leg ulcers is one of the cardinal signs in active cases of sickle cell anemia especially warrants the recognition of these skin lesions by California physicians. These ulcers closely resemble those on the leg due to syphilis, tuberculosis, circulatory stasis, and trauma. Practitioners who do not keep in mind the possible diagnosis of sickle cell anemia when examining a Negro with the complaint of leg ulcer may therefore miss the true diagnosis. If the patient is employed in an industrial plant, the problem of compensation insurance for disability caused by these ulcers may arise and the importance of a correct differential diagnosis is evident. It is the purpose of this article to call attention to the leg ulcers of sickle cell anemia by reporting a case occurring in Southern California so that physicians in the State may be on the alert for the recognition of this disease.

REPORT OF CASE

Mrs. G. D., a Negress, aged 23, was first seen on March 26, 1945, because of chronic ulcers on the lower legs. Her history revealed that the lesions first appeared in January, 1944, as small, painless, "pimples" on the ankle that gradually enlarged, opened, and formed deep ulcers. These ulcers were indolent and resisted all types of local treatment for seven months before healing. Thin atrophic pigmented scars with surrounding hyperpigmentation remained at the sites of the healed lesions. In January, 1945, ulcerated areas again appeared on the ankles and lower legs. The past history revealed that the patient had suffered from marked weakness and fatigue for five years that prevented her from performing heavy work. She also suffered from intermittent attacks of severe epigastric pain associated with nausea and vomiting. No other members of her family had a history of leg ulcers.

The physical examination revealed a thin undernourished Negress of average height with yellowish sclerae. The examination of the heart showed this organ to be enlarged. There was a soft blowing systolic murmur at the Apex. The blood pressure was 124 systolic and 70 diastolic. The examination of the abdomen showed the spleen to be enlarged and palpable 2 cm. below the left costal margin. Over the lower anterior third of the left leg was a large atrophic scar. A silver dollar-sized punched out ulcer was on the external malleolus. The ulcer was 1 cm. deep and had a suppurative granulating base. The border of the ulcer was raised and hyperpigmented. On the right lower leg were two similar palm-sized punched out ulcers on the internal and external malleoli. There was no evidence of varicose veins or circulatory stasis.



Fig. 1.—Large ulcer of sickle cell anemia on right lower leg.

The serologic examination of the blood for syphilis was negative. The blood count showed: haemoglobin, 50 per cent; erythrocytes, 2,800,000; color index, .88; leucocytes, 15,250; neutrophils, 67.5 per cent; lymphocytes, 25 per cent; monocytes, 7.5 per cent. The examination of the blood smear showed one nucleated red blood cell, a few macrocytes, and a moderate number of sickle cells. A few erythrocytes showed a moderate degree of polychromasia. The platelets appeared normal in number. The icteric index was 21. The urinalysis was normal except for the presence of urobilin. The stool examination was negative for ova and parasites. The histologic examination of a biopsy specimen taken from the edge of a leg



Fig. 2.—Atrophic pigmented scar of healed ulcer of sickle cell anemia on left leg.

* From the Department of Dermatology of the University of Southern California Medical School.

ulcer showed a chronic nonspecific granuloma. There was no microscopic evidence of tuberculosis or syphilis. Cultures taken from the ulcer inoculated on Sabouraud's medium showed no growth of coccidioides. Cultures of streptococci and staphylococci grew on inoculated agar media. The Roentgen examination of the heart and lungs showed the heart to be enlarged to the right and left of the midline. There was no evidence of pulmonary or glandular tuberculosis.

The treatment consisted of rest and the oral and intramuscular administration of crude liver extract and iron. All types of local therapy were used for the ulcers without success. The ulcers remained treatment resistant, indolent, and healed slowly leaving residual atrophic pigmented scars.

COMMENT

Sickle cell anemia is hemolytic anemia found almost exclusively in the colored race. Eight authentic cases of white patients suffering from the disease have been reported,^{3,4} although four of these were of mediterranean stock. Except for a few cases reported from northern Africa,⁵ almost all the patients have been reported from the southern United States. The disease is familial and hereditary and is transmitted as a dominant trait by either sex by the Mendelian law of heredity.⁶ Sickle cell anemia or the sickle cell trait is present in 7 to 8 per cent of healthy Negroes. The sickle cell trait is apparently not harmless as about 1 out of 40 Negroes with sickled erythrocytes have been reported to show evidence of sickle cell anemia and chronic leg ulcers.⁷ The sexes are involved to an equal degree. The age of appearance of the leg ulcers varies from early childhood⁸ to late adult life⁹ with an average age being 15 years.¹⁰ The leg ulcers usually develop in all patients showing a marked anemia although they may be present in latent and remission stages of the anemia. Patients with leg ulcers seen during the latent or remission stage of sickle cell anemia may present a difficult diagnostic problem. The anemia, however, presents constitutional symptoms involving the cardiovascular,¹¹ osseous,¹² and nervous,¹³ systems that must be evaluated in making a diagnosis in all cases where the blood findings are normal during a remission. Repeated search for sickled red blood is often necessary before the true diagnosis of the leg ulcers can be established.¹⁴

The blood findings in patients with sickle cell anemia leg ulcers are those of a hemolytic anemia plus the cardinal finding of sickling of red blood cells.¹⁵ Crenated and elongated red blood cells may also be present but true sickling of erythrocytes must be found for diagnosis. The anemia is usually well marked with a count of 1 to 2 million erythrocytes and 30 to 60 per cent hemoglobin. Leucocytosis of 10 to 30 thousand is usual with an average count of 18,000. The blood platelets are increased from 300 to 500 thousand. The resistance of the red blood corpuscles to hypotonic saline solution is increased and an associated hyperbilirubinemia with an increased icteric index of 15-25 units is usually present.¹⁶ The direct van den Bergh reaction is negative and the indirect is positive. Urobilin is present in the urine. The reticulocyte count is elevated, often to 25 per cent. The reticulocyte count percentage is increased or decreased with remissions and follows the curve of the increased red blood cells.¹⁵ Diggs and Bibb¹⁵ have shown that the use of wet preparations for the finding of sickling in the red blood cells requires 2-6 hours for maximal change in the erythrocytes and the sickling is complete in 12-24 hours. In active cases of sickle cell anemia the changes in the erythrocytes can be found in dried and stained blood smears. The latent cases can be diagnosed by the wet preparation method of placing a cover slip over a fresh drop of blood on a slide and sealing the edges with petrolatum. The percentage of red cells taking on a sickle appearance within 12-24 hours in wet prepara-

tions may be as high as 70 to 90 per cent. The sickling is believed to be caused by changes of the red cell wall or abnormal osmotic tension within the cell.¹⁴ That the sickling is not caused by any peculiarity of the blood serum has been shown by placing normal red blood cells in serum from sickle cell anemia patients with the result that no sickle changes are noted.

The leg ulcers of sickle cell anemia are present in three out of four adolescent or adult patients afflicted with the active phase of the anemia.¹⁰ The ulcers may antedate for years the constitutional symptoms of the disease, may be present in latent cases, or may appear subsequent to the appearance of the clinical symptoms of the anemia. The ulcers are not common in childhood although an 8-year-old child was reported by Anderson and Ware.¹⁷ Ulcers and scars of healed ulcers are invariably present in patients seen in adolescence. The ankle is the most common site although the ulcers are frequently observed on various parts of the leg. In appearance, the ulcers are punched out, quarter size or larger, deep, and have a granulating and suppurative base. The resulting scar is atrophic, pliable, glossy, with a pigmented areola and resembles the scar produced by syphilis. The ulcers in all cases have proved to be chronic, indolent and resistant to all known treatment with a tendency to heal slowly in a period of three months to one year.

DIAGNOSIS

The diagnosis of sickle cell anemia based solely on the clinical or pathologic appearance of the leg ulcers is difficult. The diagnosis must be made by examination of the blood for evidence of a hemolytic anemia and sickling of the red blood cells and from the associated constitutional findings. The diagnosis of sickle cell anemia must always be considered in adolescent and young adult Negroes who present nondescript leg ulcers that cannot be diagnosed any other disease. Because of their appearance, the diagnosis of these leg ulcers always involves the differentiation from ulcers on the legs caused by tuberculosis (erythema induratum and scrofuloderma), syphilis, circulatory stasis, congenital hemolytic jaundice, trauma, and, in California, coccidioidal granuloma. Erythema induratum ulcers occur chiefly on the calves of the legs in adolescent girls with a chilblain type of circulation. The ulcers are preceded by hard indurated bluish red plaques that later break down into suppurating ulcers. The histopathologic examination is diagnostic for the disease. Scrofuloderma produces ragged irregular ulcers at the site of discharging sinuses of underlying tuberculosis of the bone or joint. There is usually evidence of associated glandular or pulmonary tuberculosis. The morphologic characteristics of ulcers of tertiary syphilis are often indistinguishable from those of sickle cell anemia. The serologic examination of the blood and spinal fluid for syphilis and an examination of the blood for anemia and sickling will clarify the diagnosis although both diseases may be present. A therapeutic test with antisyphilitic therapy may be indicated before the true cause of such ulcers is evident. Circulatory stasis produces ulcers in older individuals usually in the third decade of life or later. The ulcers are associated with varicose veins and stasis manifestations. Congenital hemolytic jaundice may also cause leg ulcers. The marked splenic enlargement, absence of sickled red blood cells, and the lowered resistance of the erythrocytes to hypotonic salt solution will, however, readily differentiate this disease. Traumatic or pyogenic ulcers are usually rapidly responsive to antipyogenic therapy and avoidance of further trauma. Coccidioides granuloma is an important disease to differentiate in California. Cultures for the fungus, animal inoculation, and the finding of the organisms in histologic sections readily differentiates this granuloma from the ulcers of sickle cell anemia.

ETIOLOGY

The etiology of leg ulcers in sickle cell anemia has not been determined. It is thought that the sickle cells form thrombi in the small capillaries of the leg with resulting poor nutrition of the overlying skin producing a breakdown and ulcer formation.¹⁸ That the common areas of involvement are on the lower legs at points of trauma may also be a basis for the location of these ulcers. It is of interest that another hemolytic anemia, congenital hemolytic jaundice is also associated with a similar type of leg ulcer, but no sickling of the red blood cells is present in this disease.

The prognosis of sickle cell anemia ulcers is that of the underlying anemia. The lesions so far have proved to be resistant to all known therapy. They tend to heal slowly of their own accord and leave residual scars. Relapse and recurrence of these leg ulcers is usual and tend to follow the course of the anemia. The ultimate outcome of the leg ulcers is not usually known because most patients die early in life and few survive the third decade due to intercurrent infection.

SUMMARY AND CONCLUSIONS

1. A case of chronic leg ulcers due to sickle cell anemia occurring in Southern California is reported.
2. Due to the recent large increase in the Negro population in this State, the importance of recognition and diagnosis of these ulcers by California physicians is important.
3. Chronic sickle cell anemia leg ulcers may present compensation insurance problems to physicians examining Negroes in industrial and war plants.
4. The differential diagnosis of chronic sickle cell anemia leg ulcers is discussed.
5. The etiology and effective treatment of chronic sickle cell anemia leg ulcers is still unknown.

1930 Wilshire Boulevard.

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Victory for Preventive Medicine—European Epidemics Averted So Far

London (Assoc. Press).—UNRRA medical authorities say that Europe is over the hump in the battle against disease and has a good chance of getting through the remaining critical winter months without a major epidemic.

If the optimism is borne out, a spokesman said, it will be a great tribute to preventive medicine in combating deplorable conditions that faced peacetime Europe—in-sufficient housing, disrupted public utilities and Spartan diet.

The nearest approach to an epidemic was in England at the end of January. Influenza deaths in 126 major cities used as a barometer jumped 99 in one week to a high of 273—a surprise, since trouble had been expected more from countries ravaged by belligerent armies.

Smallpox: None except in Italy, where from April, 1944, to January, 1946, there were 5,686 cases and low mortality. In December, the number waned to 58. Advanced state of vaccination throughout Europe responsible for minimizing disease.

Plague: None except in the Mediterranean ports. Jaffa has two cases; Haifa and Tel Aviv one each. Last summer a Corsican port had seven cases, five deaths. Malta had 75 cases and 19 deaths in the last six months of 1945. Taranto, Italy, had 30 cases and 15 deaths until November, but none since. Carried by rat fleas, plague usually occurs only in ports and is combated by immunization of incoming ships and rat killing drives.

Typhus: Situation satisfactory in Western and Northern Europe, although winter is peak season. Central Europe trend was upward in December but there is no cause for anxiety in view of control measures. In Balkans the situation is more satisfactory than anticipated except in Croatia and Romania. Mass inoculation cut down mortality. Romania, which had an epidemic last year, reports 500 cases a week. Poland, which averaged 3,500 cases annually before war, reports 130-140 weekly but it is not expected to get worse.

DDT powder has revolutionized control of typhus. In British and American zones in Germany, for example, an average of 1,060 cases weekly in June had dwindled by the end of August to practically none because of a campaign employing DDT.

Russia's wartime use of SK9—pyrethrum-base powder, compulsory baths, change of uniforms and strict control measures in liberated nations helped prevent expected typhus epidemics in Eastern Europe.

Diphtheria: Highest mortality rate of all diseases during the war—receding except in Netherlands, France and Germany. England and Wales, where immunization has continued since 1940, has the lowest mortality in history.

Scarlet Fever: Waning from wartime high of two to five times normal cases except in Sweden, which has two and a half times more cases than normal, and Denmark, three and a half times.

Typhoid Fever: Trend downward despite the fact that wrecked sewage and water supply systems make destroyed cities ripe for epidemic. Germany and Poland have only high incidence, the latter with 2,000 cases weekly in January, a drop since October high.

Tuberculosis: Worst in Italy, Yugoslavia and Greece, which had 25,000 deaths in 1945. A recent cross section test in Italy showed 2 to 4 per cent per thousand persons sampled had TB.

Veneral Diseases: Up three to nine times prewar figures; highest in Germany.—Los Angeles Times.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

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† For complete roster of officers, see advertising pages 2, 4, and 6.

75TH ANNUAL SESSION

California Medical Association

AT LOS ANGELES

Tuesday, May 7 - Friday, May 10, 1946

Make note of these dates on your Calendar.

Scientific Programs and Official Reports will appear in this issue of C. and W. M.

The official headquarters of the next annual session of the California Medical Association to be held at Los Angeles, Tuesday, May 7 through Friday noon, May 10, 1946, will be the *Hotel Biltmore*, 515 South Olive Street (Olive, between Fifth and Sixth Streets), Los Angeles. Because of postwar conditions and prospective attendance, the facilities of other hotels must also be used.

All requests for reservations must be sent to the hotels direct. In writing, it is well to state the number in the party, date of arrival, date of departure, nature of accommodations desired (single room, double room, double bed, twin beds, bath).

LOS ANGELES HOTELS: WITH TELEPHONE NUMBERS

A list of some hotels in Los Angeles within easy distance of the Hotel Biltmore follows:

Hotels	Telephones
<i>Alexandria Hotel</i> , 210 W. Fifth St.....	(MAdison 2741)
<i>Ambassador Hotel</i> , 3400 Wilshire Blvd...	(DRexel 7011)
<i>BILTMORE HOTEL</i> , 515 S. Olive.....	(MICHigan 1011)
<i>Carlton Hotel</i> , 519 S. Figueroa St.....	(MICHigan 6571)
<i>Chapman Park Hotel</i> , 516 S. Alexandria Ave.(FITzroy 1181)
<i>Clark Hotel</i> , 426 S. Hill St.....	(MICHigan 4121)
<i>Gates Hotel</i> , 831 W. Sixth St.....	(TRinity 3931)
<i>Hayward Hotel</i> , 206 W. Sixth St.....	(MICHigan 5151)
<i>Mayfair Hotel</i> , 1256 W. Seventh St.....	(FITzroy 4161)
<i>Mayflower Hotel</i> , 535 S. Grand Ave....	(MICHigan 1331)
<i>San Carlos Hotel</i> , 507 W. Fifth St.....	(MUtual 2291)
<i>Savoy Hotel</i> , 601 W. Sixth St.....	(MAdison 1411)
<i>Stillwell Hotel</i> , 838 S. Grand Ave.....	(TRinity 1151)
<i>Town House</i> , 639 S. Commonwealth Ave.(EXposition 1234)
<i>William Penn Hotel</i> , 2208 W. Eighth St.(EXposition 3181)

A.M.A. Session

American Medical Association will hold its annual session this year in San Francisco. Dates: Monday, July 1 - Friday, July 5, 1946.

OFFICIAL NOTICES

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred Thirtieth (330th) Meeting of the Council of the California Medical Association*

The meeting was called to order at 10:00 A.M., on Friday, February 1, 1946, at the Hotel Biltmore, Los Angeles.

1. Roll Call:

Councilors Present: Philip K. Gilman, Chairman; E. Vincent Askey, Sam J. McClendon, Edwin L. Bruck, Sidney J. Shipman, E. Earl Moody, Dewey R. Powell, Edward B. Dewey, Walter S. Cherry, Jay J. Crane, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and George H. Kress, Secretary.

Councilors Absent: Herbert A. Johnston (ill).

Present by Invitation: L. A. Alesen, Vice-Speaker; Dwight H. Murray, Chairman Committee on Public Policy and Legislation; Dwight L. Wilbur, Delegate to the A.M.A.; Chester L. Cooley, C.P.S. Secretary; John Hunton, Executive Secretary; W. M. Bowman, C.P.S. Executive Director; Howard Hassard, Associate Legal Counsel; Ben H. Read, Secretary, Public Health League of California; E. T. Remmen, Chairman, Local Committee on Arrangements, 1946 C.M.A. Meeting in Los Angeles; Stanley K. Cochems, Executive Secretary, Los Angeles County Medical Association; A. E. Hardison, Acting Medical Director, American Red Cross; Ralph W. Stearns, Klamath (Oregon) Medical Service Bureau; L. M. Spaulding, President, Oregon State Medical Society; A. E. Varden, Secretary, San Bernardino County Medical Society; Henry D. Neufeld, Secretary, Contra Costa County Medical Society; A. E. Moore, President, San Diego County Medical Society; Morton R. Gibbons, State Emergency Council; Louis J. Regan, President, Los Angeles County Medical Association; Rollen Waterson, Executive Secretary, Alameda County Medical Association; and Frank Kihm, Executive Secretary, San Francisco County Medical Society.

2. Minutes:

Minutes of the following meetings of the Council and Executive Committee were submitted and actions taken approved:

(a) Council Meeting (329th) held in Los Angeles on October 21, 1945. (Printed in CALIFORNIA AND WESTERN MEDICINE, December, 1945, page 277.)

(b) Executive Committee Meeting (196th) held in San Francisco on November 16, 1945. (Printed in CALIFORNIA AND WESTERN MEDICINE, January, 1946, page 33.)

3. Membership:

(a) A report of membership as of January 26, 1946, was submitted and placed on file. The membership roster showed distribution as follows:

Total members (civilian and military) listed for year 1946: 3,689.

Total members in military service: 1,726.

Total members returned from military service: 550.

(b) On motion made and seconded, Retired Membership was granted to the following members, whose applications had been received in accredited form from their county societies:

Orah Knapp Allen, San Francisco County

Edna M. Barber, Alameda County
Emil C. Black, San Diego County
John C. Condit, Alameda County
M. L. Fernandez, Contra Costa County
James K. Hamilton, Jr., Alameda County
Aden C. Hart, Sacramento County
Murrey L. Johnson, Alameda County
Marguerite D. Keser, Contra Costa County
Edwin D. Kilbourne, Santa Clara County
Frieda L. Kruse, San Francisco County
Henry Snure, Los Angeles County
William B. Stephens, Alameda County
Harry B. Torrey, Alameda County
Edwin W. Wayte, Los Angeles County
Alvin H. Wilmar, San Luis Obispo County

(c) On motion made and seconded, Life Membership was granted to the following members, whose applications had been received in accredited form from their county societies:

Fred Ross Fairchild, Yolo County
A. M. Henderson, Sacramento County

(d) On motion made and seconded, it was voted to reinstate 6 members whose 1945 dues had been paid subsequent to October 21, 1945.

(e) Report was made concerning the action taken by the Council Chairman in re: granting Associate Membership to school physicians.

(f) Report was made concerning a communication received from the Judicial Council of the American Medical Association in which it was stated that physicians having Retired Membership in the California Medical Association are not eligible for Fellowship in the American Medical Association.

4. Financial:

(a) A cash report as of January 26, 1946, was submitted.

(b) Digest of the Certified Public Accountant's report for the calendar year 1945 was presented.

(c) Report on collection of 1946 dues and dues of military members was submitted.

(d) Report was made by Doctor John W. Cline, Chairman of the C.M.A. Executive Committee that a draft of a budget had been prepared by the Auditing Committee and was under consideration by the Executive Committee, and that report thereon would be made by the Executive Committee at the next meeting of the Council.

(e) Attention was called to the lapse of time that occurred under the existing system in relation to the beginning of a fiscal year in which the budget adopted by the House of Delegates would become operative.

On motion by Doctor Cline, Chairman of the Auditing Committee, it was voted that the fiscal year should hereafter begin not on January 1st following a meeting of the House of Delegates, but on July 1st of any calendar year. (Refers to phraseology in Chapter IV, Section 5, of the by-laws regarding fiscal year.)

5. Special Committee on Prepayment Plans and C.P.S.:

For the Special Committee on Prepayment Plans and California Physicians' Service, Loren R. Chandler, M.D., Chairman, a progress report was made by Doctor Philip K. Gilman who had met with the above committee. It was stated that this special committee would have a meeting during the coming month with the Advisory Planning Committee at which time a report would be formulated for submittal to the Council. In the discussion, Doctors L. M. Spaulding, President of the Oregon State Medical Society; and Ralph W. Stearns, of

* Reports referred to in the minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

the Klamath Medical Service Bureau, were asked to comment upon conditions they had met in their own plans.

6. Committee on Postwar Planning:

Relative to a communication dated October 25, 1945, received from Harold A. Fletcher, California State Chairman for Procurement and Assignment Service for Physicians, presented in CALIFORNIA AND WESTERN MEDICINE for November, 1945, on page 228, and referred to in the minutes of the 329th Meeting of the C.M.A. Council as Item 9 (December, 1945, CALIFORNIA AND WESTERN MEDICINE, page 279), discussion was had concerning misinterpretations that had arisen in regard thereto.

After full discussion, the following resolution was adopted by the Council:

Resolved, That in view of public expressed inferences to the effect that the medical profession in California is in some manner opposing the location in the State of Physicians from other states or countries, the Council of the California Medical Association believes it appropriate to reiterate the fact that the privilege of practicing medicine in California is not dependent upon membership in a component county medical society or in the California Medical Association, but solely upon issuance of a license by the State Board of Medical Examiners, and that admission to membership in a component county medical society is exclusively governed by Chapter I, Section 4 of the California Medical Association by-laws, which reads as follows:

"Each component county shall . . . determine the qualifications for membership therein, and *shall be the sole judge* of the qualifications of applicants for such membership"; and be it

Further Resolved, That each county society be reminded that in passing upon applicants for membership it is the sole judge of each applicant's qualifications and that it should consider each applicant separately and on his own merits and reach its decision upon the basis of the applicant's qualifications or lack thereof; and be it

Further Resolved, That a copy of this resolution be sent to each component county medical society.

7. California Physicians' Service:

Doctor Chester L. Cooley, Secretary of the Board of Trustees of California Physicians' Service, gave an oral report on recent happenings. Recently, Doctor Cooley and Mr. W. M. Bowman went to Montana to aid the Montana State Medical Association in its efforts to institute a prepayment medical service plan, modeled somewhat after "California Physicians' Service." C.P.S. loaned to the Montana organization their form blanks. C.P.S. will also send an experienced worker to aid Montana in starting its organization.

It was stated that New Mexico, Arizona and Nevada were likewise interested. If plans matured, it was possible that a regional prepayment medical care organization might come into being.

The Council was told that C.P.S. affiliations in Sacramento had improved and that the number of professional members was steadily increasing.

Mr. Bowman reported upon the financial conditions of C.P.S., outlining reasons why expenses were heavier in certain months.

The significance of the new contract between Veterans' Administration and C.P.S. was outlined. V.A. has sent Colonel Wright to California to become the liaison officer in this work.

8. Committee on Public Policy and Legislation:

Doctor Dwight H. Murray, Chairman of the Committee on Public Policy and Legislation, submitted two

reports: (a) Report as Chairman of the California delegation to the A.M.A. House of Delegates; and (b) Report on the status of pending medical legislation.

(a) Doctor Murray made report concerning the resolutions introduced by California Delegates at the Chicago meeting of the A.M.A. House of Delegates held on December 3-6, 1945. (These resolutions appear in J.A.M.A., December 15, 1945, and December 22, 1945, and also in CALIFORNIA AND WESTERN MEDICINE, January, 1946, pages 37-39.)

Reference was also made to the important address by General Paul R. Hawley, Medical Director of the Veterans' Administration.

It was stated that in Chicago three plans of prepayment groups were outlined; Doctor Murray stating that the A.M.A. Trustees would consider these at their meeting in February, in an effort to formulate a national policy with possible formation of a federation of prepayment groups.

Associate Legal Counsel Hassard also made comment concerning a national policy and plan, with emphasis that the administration be a local basis. The possibility of regional groups being developed was also mentioned and the value of an advisory service, so that prepayment groups still to come into existence might avail themselves of the experiences of pioneer service organizations.

The Council favored the general policies indicated, as outlined, by Doctor Murray and Mr. Hassard.

9. American Red Cross: Blood Procurement Facilities:

Doctor A. E. Hardison, Acting Regional Medical Director of the American Red Cross, spoke to the Council concerning plans being formed in regard to blood donor service and blood procurement for civilians and the civilian plasma program.

It was stated the California State Board of Public Health, through local officers and affiliated groups and physicians, will make available in civilian practice dried blood plasma that had been accumulated by the American Red Cross. (Information concerning this appears in CALIFORNIA AND WESTERN MEDICINE for January, 1946, on page 5.)

The California State Board of Public Health has announced it will send information concerning procedures to be followed in securing such blood plasma, to local health officers, hospitals, and affiliated institutions.

Discussion took place concerning endorsement of a plan. Because the details had not been worked out at the present time, it was voted to refer the proposal on how the Red Cross will continue procurement of blood for civilians, to a special committee to be appointed by the Council Chairman. Doctors Edwin L. Bruck, Lloyd E. Kindall, and John W. Green were appointed.

10. A.M.A. Annual Session in San Francisco in 1946:

Doctor John W. Cline, who had been nominated to the A.M.A. Trustees by the San Francisco County Medical Society to act as Chairman of the Local Committee on Arrangements for the 1946 A.M.A. meeting in San Francisco, made report on the tentative plans for the A.M.A. meeting to be held Monday, July 1st, through Friday, July 5th, 1946.

Conferences with representatives of the San Francisco Convention Bureau and the Central Executive Committee were mentioned, with reference to: plans for the Scientific Section meetings in the Civic Center, hotel reservations for visiting members, entertainment features, such as the Dinner to the A.M.A. President and to the A.M.A. Delegates, and other matters.

11. C.M.A. Advisory Planning Committee:

Chairman Hunton recommended for the Committee that a complete inventory of all available medical facilities in California be compiled and widely publicized in order to acquaint the people of the State with the facilities open to them in case of need. It was recommended that Alameda County be used as a testing ground for such an inventory and that the results obtained there be used as a basis for determining whether or not a complete statewide inventory should be made. Approved by the Council.

The Committee further recommended that the C.M.A. take over the publication of the "Courier," official publication of the Woman's Auxiliary to the C.M.A., and make this a part of the Association's public relations campaign. Estimated cost of bi-monthly publication was set at \$3,000 for the first year and \$2,000 for succeeding years. Approved by the Council.

The Committee reported that it had devoted its December and January meetings to a study of California Physicians' Service requested by Doctor L. R. Chandler, Chairman of the C.M.A. Committee on Prepaid Medical and Hospital Care. The chairman stated that this study had been completed and asked instructions from the Council as to whether the report should be given to the Council or direct to the Chandler committee. In order to permit no question as to the Council's exercising any restraint on the Chandler committee, it was voted that the report should be given to that committee and not to the Council. (After presentation of this report to the Chandler committee, that committee voted to forward copies of the Advisory Planning Committee report to the Council.)

12. Annual Session of C.M.A. in 1946:

Chairman of the Committee on Scientific Work, Doctor George H. Kress, made a progress report concerning the plans that had been outlined for the 75th Annual Session of the California Medical Association to be held in Los Angeles at Hotel Biltmore, commencing Tuesday, May 7th, through Friday noon, May 10th.

It was stated that at the present time the Hotel Biltmore is the only large hotel that has facilities that can provide meeting places for the California Medical Association (with meeting rooms for the thirteen Scientific Sections, Council, House of Delegates, Woman's Auxiliary); also that owing to the week-end demands for use of the hotel facilities by transient guests, the Hotel Biltmore had stipulated that it could only make arrangements for the California Medical Association during the mid-week (for which reason the meeting necessarily could not begin before Tuesday, and must be closed before Saturday). Owing to the above limited facilities, and also because of the conditions under which members in civilian practice had been working, there would be no attempt this year to provide scientific exhibits.

Tentative report was made concerning the scientific programs.

Regarding guest speakers, President Gilman stated he would place in nomination for the President's guest speaker, Doctor James C. McCann of Worcester, Massachusetts, who would speak on some surgical problems in connection with anesthesia, and also would address the House of Delegates on prepayment medical service plans.

Discussion was had concerning nominations that had been presented for guest speakers to represent (1) the Medical Section and its affiliated specialties, and (2) the Surgical Section and its affiliated groups. After full discussion, it was decided to permit the Officers of the Sections on Medicine and Surgery to have authority to secure their respective guest speakers. (The guest speaker

for the Medical Groups will be Doctor Allen T. Kenyon of the University of Chicago; for the Surgical Groups, Doctor George T. Pack of Cornell Medical College, New York.)

13. Woman's Auxiliary:

(a) Proposed amendments to the Constitution and By-Laws of the Woman's Auxiliary to the California Medical Association were presented and after consideration, motion was made and carried that the same be approved. (Proposed amendments appear in CALIFORNIA AND WESTERN MEDICINE for February, on page 87.)

(b) On arrangements concerning "The Courier" (Woman's Auxiliary publication), see Item 11 in these minutes.

14. "California and Western Medicine":

Attention was called to the delayed appearance of CALIFORNIA AND WESTERN MEDICINE in the mails due to printing plant difficulties. (Item discussed in more detail in February, 1946, CALIFORNIA AND WESTERN MEDICINE, on page 67.) Under current man-power deficiencies in the printing trade, it was difficult to bring about an improvement.

15. Legal Department:

(a) Industrial Accident Commission.—Legal Counsel reported that a new petition, seeking an increase in the industrial accident fee schedule, had been filed with the members of the Industrial Accident Commission in December, 1945, and that a hearing on the petition had been requested but that to date there has been no action taken of any kind by the commission. It was also reported that the Assembly Interim Committee on Insurance, which is empowered amongst other things to investigate the adequacy of medical fees under the Industrial Accident Law, may hold a public hearing on the subject in the near future. If the Assembly Interim Committee does hold a public hearing, representatives of the Association will be present to submit to the committee a full statement of the facts involved, in an effort to secure the committee's cooperation in the Association's drive for a more equitable and adequate Industrial Accident fee schedule.

(b) Progress Report of the C.M.A. Cancer Commission.—Legal Counsel reported that at the request of the C.M.A. Cancer Commission, a California non-profit corporation had been formed, known as the American Cancer Society, California Division. This corporation will consist of a board of fifteen directors, nine of whom will be members of the Cancer Commission, the other six being representative members of the general public. The American Cancer Society, California Division, will act as a non-profit charitable organization devoted to public education in the field of cancer and to the use of all legitimate means to assist in the prevention and control of cancer. By virtue of the fact that a majority of its directors are members of the C.M.A. Cancer Commission, full control over its activities will at all times be vested in the C.M.A. (See also, Item 17.)

(c) Practice of Dentistry.—It was reported that an inquiry had been received for an opinion with respect to the legal right, if any, of dental surgeons to treat complications arising out of fractured jaws. A copy of legal counsel's opinion was submitted to each councilor.

(d) Solano County Medical Society.—A full report was made to the Council with respect to contract practice by certain physicians in Solano County.

(e) C.P.S. v. Garrison, Insurance Commissioner.—Legal Counsel reported that this case, which involves the question of whether C.P.S. is or is not subject to the insurance laws, is now pending in the California Supreme Court, that the case has been fully argued both orally

and in writing, and has been submitted to the court for decision, and that a decision may be expected within the next two or three months.

16. **Permanente Hospital:**

A letter from the Solano County Medical Society in re: medical care procedures by members of the Permanente Hospital group, was submitted.

Discussion was had of the points involved, and it was agreed that a letter should be sent to the Solano County Medical Society in regard thereto. (Explanatory letters have been forwarded to component county medical societies.)

17. **C.M.A. Cancer Commission:**

Report was made by the Chairman of the Cancer Commission, Doctor Lyell C. Kinney of San Diego, who referred to his visits to the Cancer Clinics in the East, and the information there gathered. The importance of adequate professional control of Cancer Clinics was emphasized. Also, that the administration of this type of work should not be on a national, but on a state and local level. Therefore, it would be important to establish standards to aid local groups in carrying on their supervision.

It was stated, concerning moneys raised by the American Cancer Society, through appeal to the public, an estimated allocation of \$800,000 would be made for California of which \$500,000 would be used for local cancer clinics.

It was agreed that the subject should be given special consideration at the next meeting of the Council. (See also, Item 15 (b).)

18. **Executive Secretaries for County Medical Societies:**

Doctor A. E. Moore, President of the San Diego County Medical Society, addressed the Council and asked consideration of a plan whereby some of the smaller component county societies would be aided in securing executive secretaries through allocation of funds from the California Medical Association.

Full discussion followed and the Council voted that a special committee should be appointed to survey the entire situation and bring in a report to the Council. The Committee appointed consists of Lloyd Kindall, Chairman; E. Vincent Askey, and Walter S. Cherry.

19. **Time and Place of Next Meeting:**

On motion made and seconded, it was voted that the next meeting of the Council should be held in Los Angeles on Monday, May 6, 1946.

20. **Executive Session:**

The Council went into executive session, Councilor Cline acting as secretary. The following business was transacted:

(a) *A History of the California Medical Association.*—Reference was made to the desirability of compiling a history of the California Medical Association, now in its 75th year, the subject having been considered at the 328th and 329th Council meetings. (CALIFORNIA AND WESTERN MEDICINE, October, 1945, Item 20(e), page 180; and December, 1945, Item 24, page 282.)

After discussion, on motion made and seconded, the following resolution was adopted:

Resolved, That the position of Honorary Historian of the California Medical Association is hereby created, said position to be entirely honorary and without compensation; and be it

Further Resolved, That the retiring Secretary-Editor, Doctor George H. Kress, be appointed as Honorary Historian, he to act in that capacity until such time as other action is taken.

(b) *Committee to Determine Editorial Policy.*—Since Doctor Kress, who has been editor of CALIFORNIA AND WESTERN MEDICINE since March, 1927, will retire as Editor of the *Official Journal* at the close of this year's Annual Session, it was voted that the Council Chairman appoint a committee to submit to the Council a report on future editorial policy to CALIFORNIA AND WESTERN MEDICINE. (Committee appointed: Councilors John W. Cline, E. Vincent Askey, and R. Stanley Kneeshaw.)

(c) *Proposed Amendment to Constitution.*—It was agreed to consider proposal of an amendment to the C.M.A. Constitution (Article V, Section 12), which would not make it mandatory that the persons occupying the positions of Association Secretary and of Editor of CALIFORNIA AND WESTERN MEDICINE, must possess the degree of Doctor of Medicine.

(d) *Report of Publicity Counselor.*—The work of publicity counselor, Mr. Clem Whitaker, was discussed; a budget being submitted, and approval was given thereto.

(e) *Retirement of Doctor George H. Kress as Secretary-Editor.*—Doctor George H. Kress having reached retirement age, and the Council having considered the subject at the 328th meeting on August 21, 1945 (October CALIFORNIA AND WESTERN MEDICINE, Item 20, page 108), and at the 329th meeting on October 21, 1945, discussion followed on what would be proper recognition of services rendered over many years by Dr. Kress.

After discussion, and on motion duly made, seconded, and carried, the following resolution was adopted:

Resolved, That the Council include in its annual report to the House of Delegates at the May, 1946, session, a recommendation that Dr. George H. Kress, presently the Secretary and Editor of the Association, be granted retirement status; and that in recognition of his many years of continuous and devoted service to the welfare of the Association, Doctor Kress be granted a pension for life, commencing at the end of the 1946 annual session, payable at the rate of \$315.00 per month; provided, only, that in any month or months during which Dr. Kress accepts or undertakes any salaried position or positions carrying the aggregate compensation in excess of \$15.00 per month, then for such month or months, Dr. Kress shall not receive the monthly pension aforesaid.

(e) *On Retirement Plans of Employees.*—After discussion, it was agreed that the Council submit to the House of Delegates a request that a definite plan be established concerning conditions under which employees of the California Medical Association would be retired in the future. (Committee appointed: Councilors John W. Cline, E. Earl Moody, and Frank A. MacDonald.)

21. **Adjournment:**

After recess, there being no further business, it was voted to adjourn.

PHILIP K. GILMAN, M.D., Council Chairman,
GEORGE H. KRESS, M.D., Council Secretary.

GHK/s

MEMBERS' SPECIAL MEETING OF "TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION"

Minutes of the Nineteenth (19th) Meeting of Mem- bers of "Trustees of the California Medical Association"

Pursuant to call of the president and notice by the secretary duly and regularly given in accordance with the By-laws, a special meeting of the members of the "Trustees of the California Medical Association," a California corporation, was held at the Hotel Biltmore in Los Angeles, on Friday, February 1, 1946.

1. Roll Call:

Members Present: Philip K. Gilman, E. Vincent Askey, Sam J. McClendon, Edwin L. Bruck, Sidney J. Shipman, E. Earl Moody, Dewey R. Powell, Edward B. Dewey, Walter S. Cherry, Jay J. Crane, Harry E. Henderson, Axel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and George H. Kress, Secretary.

Members Absent: Herbert A. Johnston.

A quorum present and acting.

2. Authorization to Purchase U. S. Bonds:

On motion duly made, seconded, and carried, the following resolution was adopted:

Resolved, That current funds be used to purchase \$25,000 par value U. S. Treasury bonds bearing interest at the rate of two and one-half per cent per annum.

3. Adjournment:

There being no other business, on motion duly made and seconded, it was voted to adjourn.

PHILIP K. GILMAN, M.D., *President*
GEORGE H. KRESS, M.D., *Secretary*

GHK/s

**EXECUTIVE COMMITTEE OF THE CALIFORNIA
MEDICAL ASSOCIATION**

**Minutes of the One Hundred Ninety-seventh (197th)
Meeting of the Executive Committee of the
California Medical Association**

The meeting was called to order at 6:00 P.M., on Friday, March 1, 1946, at The Family Club in San Francisco.

1. Roll Call:

Members Present: Doctors John W. Cline, Chairman; Philip K. Gilman, Sam J. McClendon, and George H. Kress, Secretary.

Member Absent: Doctor E. Vincent Askey.

Present by Invitation: Doctor Dwight H. Murray, Chairman, Committee on Public Policy and Legislation; Doctor Edwin L. Bruck, member Auditing Committee; Mr. John Hunton, Executive Secretary; Mr. Howard Hassard, Associate Legal Counsel, and Mr. W. M. Bowman, Executive Director, California Physicians' Service.

2. C.M.A. Representatives to Appear Before Senate Committee on Prepayment Medical Service Plans:

(a) Discussion was had concerning representatives of the California Medical Association who might be in position to appear before the special Senate Committee that would hold hearings on the Wagner-Murray-Dingell Bill (S. 1606), scheduled to begin between March 14th and March 18th.

It was stated that it had been suggested that Ex-President Lowell S. Goin of Los Angeles, who is President of the Board of Trustees of California Physicians' Service would be a proper representative in case he could make arrangements to go. It was felt that Doctor Goin's knowledge would make him a proper representative of both the California Medical Association and California Physicians' Service.

(b) Attention of the Committee was called to the suggestion that had been made that the National Physicians' Committee might also send to be present at the hearings, Doctors Lloyd Kindall of Oakland, John W. Green of Vallejo, and Jay J. Crane of Los Angeles. The opinion was expressed that these colleagues would be in position to give valuable service through informing California Congressmen concerning the prepayment medical and hospital service plans that are in operation in California.

It was further agreed that Doctor Cline, Chairman of

the Executive Committee, should hold a special conference with Doctors Kindall, Green and Crane relative to the general plans.

Agreed further, that Doctor Dwight H. Murray, Chairman of the C.M.A. Committee on Public Policy and Legislation, should keep in touch with the procedures to be inaugurated.

3. Membership: Retired; Associate:

(a) Mr. Hunton presented applications for Retired Membership, these applications having been presented in proper form, as follows:

William H. C. Hatteroth, Alameda County
Frank E. Sawyer, Alameda County
Dow Harvey Ransom, Fresno County
Clark D. Baker, Los Angeles County
Charles L. Bennett, Los Angeles County
F. H. Frandt, Los Angeles County
Charles Burnside, Los Angeles County
Thomas Sheridan Carey, Los Angeles County
William T. Clarke, Los Angeles County
Peter T. Conlan, Los Angeles County
Cassius C. Cottle, Los Angeles County
E. H. Crane, Los Angeles County
Henry W. Edwards, Los Angeles County
Frank W. Hanford, Los Angeles County
John Peachy Jones, Los Angeles County
Ralph L. Kirsch, Los Angeles County
George A. Laubersheimer, Los Angeles County
Caroline McQuisten Leete, Los Angeles County
H. Cameron May, Los Angeles County
Anna E. Rude, Los Angeles County
Charles Stein, Los Angeles County
Charles W. Stewart, Los Angeles County
B. C. Tarnutzer, Los Angeles County
Silas A. Lewis, Los Angeles County
Harry W. Smiley, Riverside County
Harry H. Beauchamp, Sacramento County
George N. Bramhall, Sacramento County
George A. Spencer, Sacramento County
Alfred E. Banks, San Diego County
James D. Bobbitt, San Diego County
Nicholas Molitor, San Diego County
Frank C. Russell, San Diego County
Frank B. Schroeder, San Diego County
John A. Bacher, San Francisco County
August J. Lartigau, San Francisco County
T. Howard Plank, San Francisco County
Wallace Bruce Smith, San Francisco County
Harold O. von der Lieth, San Francisco County

On motion made and seconded, Retired Membership was granted to the above members.

(b) Concerning applications for Associate Membership, it was voted that it be the policy that Associate Membership be granted to applicants who have been duly certified as not being in private practice.

Applications for Associate Membership having been received from the county societies in proper form, with certification that the members are not in private practice, Associate Membership was granted to the following:

J. Hallam Cope, Alameda County
Floyd D. Lewis, Alameda County
James A. McKenney, Alameda County
M. H. Merrill, Alameda County
Jewel M. Sanders, Alameda County
W. W. Stadel, Alameda County
Herbert R. Stolz, Alameda County
George A. Walton, Alameda County
Genevieve Gaard, San Mateo County
Erma Macomber, San Mateo County
Ira Church, Santa Barbara County

C. T. Roome, Santa Barbara County
L. C. N. Wayland, Santa Barbara County

4. United Public Health League:

Mr. Hunton was requested by Chairman Cline to inform persons interested concerning steps that had been taken concerning legislative matters. (Letters to Doctor Molony and Mr. Tom Hendricks.)

5. Report on Meeting of A.M.A. House of Delegates:

Doctor Dwight H. Murray was asked to comment informally concerning some of the actions taken at the meeting of the House of Delegates of the American Medical Association held on December 3-6, 1945.

Those present felt that the actions taken by the C.M.A. Delegates were in harmony with the best interests of the Association.

6. Medical Plan on Prepayment Basis for State of New Mexico:

Discussion was had concerning tentative plans to institute a medical service organization in New Mexico. It was stated that request had been made of the constituted authorities of the American Medical Association to subsidize this endeavor.

After discussion, it was agreed that the desirability of adding one more nearby state unit to the group of state prepayment organizations operating on the Pacific Coast was most important; and in the event money was not forthcoming from the American Medical Association, it was felt the California Medical Association should stand ready to advance the money to the New Mexico colleagues who have the plans in hand.

It was agreed that Doctor Murray should write to one or two friends, acquainting them with this decision.

7. Meeting of the American Medical Association in 1946 in San Francisco:

Informal report was made by Doctor John W. Cline, Chairman of the Committee on Arrangements, concerning the plans for the 1946 meeting of the American Medical Association to be held in San Francisco July 1-5, 1946.

Doctor Cline outlined the tentative plans concerning entertainment and other measures that had been gotten under way.

8. California Sickness Indemnity Bill (S.40):

Mr. Hassard commented upon the difficulties that had arisen in connection with the so-called Shelley Bill (S.40), through which sickness disability stipends would be given to Californians who were unemployed because of illness. Deficiencies which had crept into the measure were mentioned. It was agreed that further report should be made to the Council.

9. Adjournment:

There being no further business, the meeting adjourned.

JOHN W. CLINE, M.D., *Chairman*
GEORGE H. KRESS, M.D., *Secretary*

John Milton (1608-1674).—When the eyesight of Milton began to fail at thirty-six, the happy poet of earlier years was transformed into the savage political pamphleteer. By the time he was forty-four, totally blind, and reconciled to his fate, he turned again to his literary efforts. The constant help he needed was given him by his daughters and sometimes by young men, glad of his society, who acted as scribes and readers. He died at sixty-six when "gout struck in."—*Warner's Calendar of Medical History.*

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (49)

Alameda County (2)

Hatoff, Alexander, *Oakland*
Lowell, Max, *Oakland*

Los Angeles County (34)

Aaron, Ruth, *Beverly Hills*
Birnberg, Tobias L., *Beverly Hills*
Collins, Mary Ellen, *Santa Monica*
Cook, Ernest Dale, *Azusa*
Elek, Stephen R., *Los Angeles*
Fraser, Robert C., *Los Angeles*
Griffin, Richard Anthony, *North Hollywood*
Gutman, Ernest, *Los Angeles*
Harwood, David M., *North Hollywood*
Katz, Samuel D. H., *Los Angeles*
Kottke, Elmer E., *Los Angeles*
Kraft, George L., *Burbank*
Lapid, Gilbert G., *Long Beach*
La Scola, Raymond L., *Santa Monica*
Lauer, Marvin S., *Compton*
Lilly, Lewie John, *Huntington Park*
Lindgren, Lillian W., *Bellflower*
Luppi, Alfred Philip, *Los Angeles*
McCandliss, Charles H., *Los Angeles*
Mizener, Mark, *South Gate*
Nelson, E. A., *Los Angeles*
Nelson, James H., *Los Angeles*
Olson, William Adolph, *Burbank*
Perrin, John Hezekiah, *Huntington Park*
Polson, Adam Borden, *Los Angeles*
Schoeps, Martin, *Los Angeles*
Shevick, Irving M., *Studio City*
Spivey, William Lee, *Beverly Hills*
Stuppy, Lawrence J., *Los Angeles*
Townsend, Guy Walter, *Los Angeles*
Treich, Jerome V., *Beverly Hills*
Tupper, Walter Richard, *Glendale*
Walker, Ethel M., *Glendale*
Wenke, William C., *Olive View*

San Diego County (5)

Gaede, Eva Marie, *La Jolla*
Peterson, Elmer, *San Diego*
Stadden, John C., *Vista*
Woods, Ward W., *San Diego*
Wyborne, V. J., *San Diego*

San Francisco County (7)

Boyd, Robert T., *San Francisco*
Hrenoff, Arseny K., *San Francisco*
Klabunde, Paul W., *San Francisco*
McGettigan, Daniel Louis, *San Francisco*
Nahman, Morton Sidney, *San Francisco*
Sawyer, Harry William, Jr., *San Francisco*
Wolter, Nathan, *San Francisco*

San Luis Obispo County (1)

French, Edison A., *San Luis Obispo*

Transfers

Alden, Ward C., from *Los Angeles County* to *Santa Bernardino County*
Arminino, Louis P., from *San Francisco County* to *San Joaquin County*

†For roster of officers of component county medical societies, see page 4 in front advertising section.

Blasdel, Edward K., from *Tulare County* to *Alameda County*
 Brown, Lawrence E., from *Riverside County* to *Alameda County*
 Clemens, Harry H., from *Yuba-Sutter-Colusa County* to *Los Angeles County*
 Dail, Clarence W., from *San Bernardino County* to *Los Angeles County*
 Falk, Lane, from *Humboldt County* to *Stanislaus County*
 Falk, E. V., from *Stanislaus County* to *Humboldt County*
 Fletcher, Harold A., from *San Francisco County* to *Marin County*
 Geen, Robert S., from *San Benito County* to *Alameda County*
 Gill, Gerald G., from *San Francisco County* to *Alameda County*
 Hall, Samuel P., from *San Francisco County* to *Alameda County*
 Ing, Henry, from *San Diego County* to *San Joaquin County*
 Meister, Lester, from *San Bernardino County* to *Los Angeles County*
 Schimmenti, John M., from *Alameda County* to *San Francisco County*
 Schock, Robert H., from *Monterey County* to *Alameda County*
 Watson, George A., from *Solano County* to *San Francisco County*

Retired Members (37)

Bacher, John Adolph, *San Francisco County*
 Baker, Clark Dyer, *Los Angeles County*
 Beauchamp, Harry H., *Sacramento County*
 Bennett, Charles L., *Los Angeles County*
 Bobbitt, James Douglas, *San Diego County*
 Bramhall, Robert N., *Sacramento County*
 Brandt, Franz Henry, *Los Angeles County*
 Burnside, Charles, *Los Angeles County*
 Carey, Thomas Sheridan, *Los Angeles County*
 Clarke, William Thomas, *Los Angeles County*
 Conlan, Peter T., *Los Angeles County*
 Cottle, Cassius Clay, *Los Angeles County*
 Crane, Edward Harrison, *Los Angeles County*
 Edwards, Henry W., *Los Angeles County*
 Hanford, Frank Wood, *Los Angeles County*
 Hatteroth, William H. C., *Alameda County*
 Jones, John Peachy, *Los Angeles County*
 Kirsch, Ralph Louis, *Los Angeles County*
 Lartigan, August Jerome, *San Francisco County*
 Laubersheimer, George Ashby, *Los Angeles County*
 Leete, Caroline McQuiston, *Los Angeles County*
 Lewis, Silas A., *Los Angeles County*
 May, H. Cameron, *Los Angeles County*
 Molitor, Nicholas, *San Diego County*
 Plank, T. Howard, *San Francisco County*
 Ransom, Dow Harvey, *Fresno County*
 Rude, Anna E., *Los Angeles County*
 Russell, Frank Christopher, *San Diego County*
 Sawyer, Frank Everett, *Alameda County*
 Schroeder, Frank Bernard, *San Diego County*
 Smiley, Harry Wilbur, *Riverside County*
 Smith, Wallace Bruce, *San Francisco County*
 Spencer, George A., *Sacramento County*
 Stein, Charles, *Los Angeles County*
 Stewart, Charles Wesley, *Los Angeles County*
 Tarnutzer, Benjamin C., *Los Angeles County*
 von der Lieth, Harold Otto, *San Francisco County*

Associate Members (13)

Church, Ira, *Santa Barbara County*

Cope, J. Hallam, *Alameda County*
 Gaard, Genevieve, *San Mateo County*
 Lewis, Floyd D., *Alameda County*
 Macomber, Erma, *San Mateo County*
 McKenney, James A., *Alameda County*
 Merrill, M. H., *Alameda County*
 Roome, C. T., *Santa Barbara County*
 Sanders, Jewell M., *Alameda County*
 Stadel, W. W., *Alameda County*
 Stolz, Herbert R., *Alameda County*
 Walton, George A., *Alameda County*
 Wayland, L. C. N., *Santa Barbara County*

Resignations (2)

Galbraith, Elizabeth Hosmer, *San Francisco County*
 Olson, George M., *Los Angeles County*

In Memoriam

Bullitt, James Bell. Died at San Jose, February 24, 1946, age 82. Graduate of the University of Louisville School of Medicine, Kentucky, 1889. Licensed in California in 1921. Doctor Bullitt was a Retired Member of the Santa Clara County Medical Association, the California Medical Association, and an Affiliate Fellow of the American Medical Association.

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Frey, William C. Died at San Francisco, February 23, 1946, age 53. Graduate of the University of California Medical School, Berkeley-San Francisco, 1917. Licensed in California in 1917. Doctor Frey was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Siebe, Elizabeth B. Died at San Francisco, February 18, 1946, age 75. Graduate of the College of Physicians and Surgeons of San Francisco, 1904. Licensed in California in 1904. Doctor Siebe was a Retired Member of the San Francisco County Medical Society, the California Medical Association, and an Affiliate Fellow of the American Medical Association.

+

Walter, Frederick Jerome. Died at La Jolla, February 14, 1946, age 72. Graduate of the Chicago Homeopathic Medical College, Illinois, 1897. Licensed in California in 1920. Doctor Walter was a member of the San Diego County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Contact Lenses

(An Opinion of State Attorney General)

"Unlicensed persons are forbidden under the State business and professional code from fitting so-called 'contact' lenses, worn under the eyelid in lieu of spectacles, State Attorney General Robert W. Kenny ruled yesterday. . . . The ruling, prepared by Deputy Attorney General J. Albert Hutchinson, was in reply to an inquiry from the State board of medical examiners, who pointed out some of this work was being done by unlicensed workers. . . . 'Contact lenses may be prepared and fitted to the eye by optometrists if this can be accomplished without the use of drugs or other medical preparations or surgery; dispensing opticians and unlicensed persons may not perform these services,' the digest of the opinion said." (*San Francisco Examiner*.)

COMMITTEE ON ORGANIZATION AND MEMBERSHIP

Report of Fee Complaint Committee of Los Angeles County Medical Association

The Bulletin of the Los Angeles County Medical Association in its issue of February 7, 1946, printed the following report of the Los Angeles Fee Complaint Committee, submitted to the Council on January 7:

Gentlemen: The end of the year 1945 makes a report from the Fee Complaint Committee advisable, and gives its chairman an opportunity to philosophize and comment on what he has learned as a member of the Committee.

During the past year the Committee has completed the disposition of more than fifty-two written complaints as to fees charged by members of the Association. Of these, one is presented to the Council for further action, and one is awaiting further information, otherwise all are completed. In addition a considerable number of potential cases have been settled or compromised without coming to official notice. On the whole, the decisions of the Committee have been accepted with approbation or acquiescence by both complainant and complaine.

In the light of experience on the Committee over the past three years a pattern as to the complaints is beginning to appear, and a rough mathematical ratio may be approximated.

In about one-half of the cases patients, or their families, are entirely at fault, either because of being disgruntled, or failing to comprehend, through ignorance or illness.

In about one-fourth of the cases the doctors, while blameless to a high degree, have failed somehow to give their patients a clear and complete understanding as to fees and time of payment. This may be due in part to the lack of efficient help in the office, or to stress of work during the strenuous war years.

The remaining one-fourth is about equally divided into these three categories:

1. Mostly of recent membership in the Association, some speaking broken English, most with foreign education. They either cannot or will not learn the ways of the American physician. They become arrogant without cause, charge specialist fees, and bring undue pressure on patients to pay, regardless of ability to pay exaggerated fees. They seem to be worshippers of the "Golden Calf" rather than followers of the "Golden Rule."

2. Otherwise decent physicians, overworked and harassed and exasperated by nagging, unreasonable patients. These doctors, in a moment of pique, stung by a multitude of barbs of unreasoning calls on their time and thought, will tell their secretaries, "Double that bill, maybe that will make them realize that other patients need attention." The doctor or his secretary then forgets his immediate pique, and in due course of time the doubled amount is given to a collection agency which then brings pressure for payment, often with threat of legal action. This variation of the usual or established fee schedule is uncollectible by legal means, and if attempted is apt to bring on the doctor a stinging rebuke from the court. Most physicians, when their attention is called to this point are thoroughly ashamed of their action, natural thought it be.

3. This type comprises the least in number, but the most dangerous. It is composed of physicians regrettably in the Association. They are such as make unconscionable charges, exaggerate the value of their services, bring great pressure on patients or relatives to pay, flatter their patients early, and then coldly demand their "pound of

flesh." They are apt to be repeaters in having complaints brought against them, apparently not learning from experience or advice. They bring the Association into bad repute, they make it difficult for other members to secure coöperation with the public, and by implication they put the Association on the defensive with the public. I consider these to be the most dangerous of all the types enumerated.

During the past difficult year the Committee has given of its time, thought, and experience freely and willingly, with the utmost in coöperation between its members, and the chairman hereby acknowledges his indebtedness and thanks to his fellow members for their effort and coöperation. Also the Committee takes this occasion to congratulate the Association on the efficiency and understanding exhibited by the headquarters clerical staff, especially by Miss Thomas, on whom the burden has fallen to the greatest degree, and to Mr. Cochems, for his sound common sense and his timely advice.

Finally, the Committee has worked hard and deserves a rest.

Respectfully submitted to the Council.

THE FEE COMPLAINT COMMITTEE,
(Signed) GEORGE P. LATON, M.D.,
Chairman. (Jan. 4, 1946.)

Group Accident-Sickness Insurance Program of the Los Angeles County Medical Association

The number of applications flowing in with every mail indicate that enrollment qualification for the Association's Group Accident and Sickness policy shortly will be complete.

While obviously good news for those members who have applied, the close of the qualification period will mean a lost opportunity for those present members who have not made application, since (except for new members and returning military personnel) insurance on the present basis will not be obtainable after enrollment period expires.

Following this original enrollment period, applicants who are present active members will be required to demonstrate full insurability from a physical standpoint. This will be particularly unfortunate for the older members, since experience on the part of insurance companies indicates that applicants over 50 years of age, in large percentage, fail to qualify for sickness insurance in view of medical histories considered unfavorable for that type of protection.

As to cost: Members who have checked the rates charged and policy conditions, under the Association's program, with rates charged and conditions, under individual policies, have, understandably, asked, "How can this be?" since the normal relationship between quality and price does not exist in this insurance. Amount of indemnities and broadness of protection are unmatchable even at far greater cost.

Only the actual wholesale nature of group insurance makes possible the combination of complete deviation not only from normal costs, but also normal underwriting requirements and policy restrictions. From the insurance company's standpoint, the purchases of the membership represent a single sale to the Association; the collective premiums being paid from its Group Insurance account in a single sum twice a year. Hence, commission and collection costs are fractional compared to individual sales and the employment of the very brief and non-selective enrollment-application eliminates underwriting costs, inspection report and medical examination costs.

The San Diego County Medical Society closed its en-

rollment period with 82 per cent of its membership insured and the Southern California State Dental Association with 78 per cent of its membership. It is to be hoped that members of this Association who desire to protect that important asset, earning ability, will not, through oversight, neglect to apply during the enrollment period. This is the only time that the company is obligated to accept all applications from members in active practice and not having attained age 65.—*The Bulletin*.

* * *

Los Angeles Group Disability Insurance Plan Sets a Record

Enthusiastic participation by the membership of the Los Angeles County Medical Association has resulted in a new national record being established for a professional organization of this size. As of February 15, the end of the final extension of the qualification period, more than 79 per cent of the 3,000 active members were insured under the Association Group Disability Policy.

Even though the qualification period is closed, experience with other associations indicates that a continually larger percentage of members will participate by virtue of the very obvious benefits of the Group protection. Not only is the premium saving a substantial dividend on Association dues, but the terms and conditions of the policy far exceed those obtainable through individual purchase. Present members under the age of 65 may insure under the group at any time by submitting evidence of insurability satisfactory to the underwriting company. New members, and those returning from military service may obtain the benefits of this unusual protection without evidence of insurability providing they apply within sixty days of establishment of practice in the county.

Insurance has been in force since January 15 on all members who enrolled prior to that date. On all applying subsequently, insurance is in force on the date applications are received by the Nettleship Company, which organization is administering the program for the Association. Certificates of Insurance under the Group Policy will soon be in the hands of all who have enrolled.—*The Bulletin*, March 7, 1946.

"Grading" of Doctors in Alameda County

Oakland physicians and surgeons may soon find themselves classified as to ability for surgery or medical practice in hospitals throughout the Oakland area.

The plan is already in action at Oakland's Merritt hospital where two separate three-man boards have been set up to survey doctors applying for the use of Merritt hospital facilities.

Aim of the program, according to hospital directors, is to elevate hospital standards and improve medicine and surgery in Alameda county.

A three-man surgery committee at the hospital designate doctors as senior surgeons, surgeons or junior surgeons depending upon replies to a questionnaire and examination by the committee. By a similar manner, another three-man committee names doctors as internists or general practitioners at the hospital.

Protests to the plan brought the following statement from Rollen Waterson, executive secretary of the Alameda County Medical Association:

"The Alameda County Medical Association definitely approves any efforts on the part of any hospital to raise standards and we will coöperate."

He admitted that verbal protests have been made to the plan by some doctors on the grounds that they have not or may not be correctly classified by the hospital boards.

"While the medical association has received no formal

protests, the verbal complaints have caused us to name a committee to investigate all methods employed by hospitals here in classifying doctors," Waterson said.

* * *

Meanwhile, 150 Alameda county physicians met Tuesday night at the Ethel Moore Memorial building in Oakland and organized a General Practitioners Association.

Dr. Stanley R. Truman, chairman of the new group, emphasized that its organization was not the outgrowth of any complaints against the new system established at Merritt hospital.

"It is our intention to give voice to the general practitioners and we hope to become a section of the Alameda County Medical Association eventually," he said.

He pointed out that the American Medical Association created a section on general practice at its annual meeting in Chicago last December, and Oakland doctors have patterned their association in the same fashion.—*Oakland Post-Enquirer*, February 21.

COMMITTEE ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS

University of California Medical School in San Francisco Receives an Additional \$4,000,000 for Expansion of Its Medical Center

Examiner Bureau, Sacramento, March 6.—In a ceremony attended by many members of the staff of the University of California's medical center, Governor Warren signed today a bill appropriating \$4,000,000 for reconstruction and expansion of the San Francisco institution.*

In addition to today's appropriation, hailed by leaders of the medical profession as paving the way for "one of the great medical schools of the world," the administration's \$154,000,000 postwar construction program includes \$5,080,000 for other facilities, and an additional \$2,000,000 appropriation in 1943 also is available. This brings the total program to \$11,080,000.

* * *

The \$4,000,000 measure will make possible replacement of three buildings erected more than fifty years ago and designated as fire and earthquake hazards.

They house part of college of dentistry, pharmacy, library and valuable equipment and records.

In addition, \$4,670,000 will be available for a teaching hospital, \$2,275,000 for a medical science unit and \$135,000 for dental clinic expansion.—*San Francisco Examiner*, March 7.

Governor Warren Signs Bill to Expand U. C. Medical Center in San Francisco

Governor Warren yesterday signed a bill appropriating \$4,000,000 for the expansion of the University of California's medical center on Parnassus Avenue.

The Governor expressed the hope that the day will come when the State University Medical School will become "one of the great medical centers of the world."

The bill, introduced by Assemblymen Gardiner Johnson, Berkeley, and Thomas A. Maloney, San Francisco, will provide funds for the replacement of three buildings more than 50 years old. Buildings will be erected in their place to house the medical school, college of dentistry, college of pharmacy, and the library.

The additional space to be provided will permit moving to San Francisco from the Berkeley campus the depart-

* For Address of Governor Earl Warren, see p. 238.

ments of anatomy, physiology, and biochemistry. A teaching hospital will be completed. (See March CALIFORNIA AND WESTERN MEDICINE, p. 142.)

The bill was signed in the presence of university officials. These included Dr. Francis F. Smyth, dean of the medical school; Dr. Troy C. Daniels, dean of the college of pharmacy; Dr. Willard C. Fleming, dean of the college of dentistry; James H. Corley, controller of the university; F. S. Durie, hospital superintendent, and others.

The Governor said he was particularly interested in the medical school aiding the general development of public health. He was assured by the doctors present this would take place.

Dr. Hamilton H. Anderson, however, said that while there are centers to treat tropical diseases in New York and New Orleans, there are none in California to take care of the "Pacific basin." Warren said he believed establishment of such a center was desirable to care for the many veterans returning with malaria and other diseases. —*San Francisco Chronicle*, March 7.

(Note. Governor Earl Warren also signed the bill for a \$7,500,000 appropriation to establish a new medical school—probably a department of the "University of California at Los Angeles," on February 20, 1946.)

Medical School Honor

Dr. John R. Mitchell Receives Cane, Traditional Prize of Profession

A gold-headed cane has become the most prized possession of Dr. John R. Mitchell, 45 Lincoln Way, a recent graduate of the University of California Medical School.

It was presented to the 31-year-old physician by Dr. William J. Kerr, head of the school's medical department, after Dr. Mitchell had been voted by faculty and students as the member of his class having "outstanding qualities of a true physician."

For the last eight years presentation of a gold-headed cane has been a feature of graduation ceremonies of the medical school. The cane always is inscribed with the name of the winner and the sign of Hippocrates, and carries with it a scroll stating why the recipient was chosen for the honor.

A native of Manchester, Mo., Dr. Mitchell is married and the father of a two-year-old son. —*San Francisco Chronicle*, February 23.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

Los Angeles Medical Veterans Group Organized

A general meeting of Physician Veterans was held in the lounge of the Los Angeles County Medical Association on January 4. At the request of a number of interested physicians invitations were sent by the Secretary of the County Medical Association to all known physicians in the five Southern California counties who have returned from active duty with the Armed Forces. Announcements were also sent to all military and civilian hospitals in the area.

Dr. Louis J. Regan, President of the County Medical Association, opened the meeting and offered the assistance and facilities of the Association in forming an organization of Veteran Physicians. He later expressed the opinion that the group would be more influential in matters of public interest if it were independent, and not a part of present medical organizations.

The group decided to form a permanent organization of Medical Veterans. Nominations were received from

the floor and the following were elected temporary officers: President, William Leake, M.D.; Vice-President, Wells C. Cook, M.D.; Secretary, Frederick A. Bennetts, M.D.; Treasurer, William Delphey, M.D.

The following were named members of the Executive Committee: Doctors Clarence J. Berne, Lewis T. Bullock, Paul D. Foster, Ralph E. Netzley, J. Norman O'Neill, Edward C. Palette, Robert Stern, and Warren A. Wilson.

The Executive Committee was directed to prepare a Constitution and By-Laws to be considered at the next meeting. It is proposed that the organization be national in scope with units in all states and counties.

The organization has the immediate purpose of assisting physicians returning from the armed services in re-establishing their practice in order that they may make a contribution to the health of their communities and earn a living for their families. It is felt that the group has the universal backing of all doctors in this purpose. A meeting of the Executive Committee has been held and committees appointed to attempt to solve the problems of office space, purchase of surplus medical property, delay in obtaining narcotic licenses, and ineligibility of physicians on terminal leave to the educational and loan provisions of the G.I. Bill of Rights.

A unified approach to the governmental agencies responsible for providing assistance which is theoretically available to veterans may eliminate some of the present inefficiency. A committee has also been appointed to develop a liaison with other veterans' organizations. The feasibility of association of the Medical Veterans' group with one of the regular veterans' organizations is being considered.

The organization has the eventual purpose of utilizing the experience in governmental medicine of many capable physicians for the improvement of the health of the country and the medical care provided for the Army and for veterans. Apparently many false statements have been made concerning the conclusions of capable physicians, after extensive experience in governmental medicine, concerning the value of governmental influence in providing medical care for the individual.

The crystallization and expression of the opinion of all veteran physicians concerning the effect of further governmental influence over the private practice of medicine should be of great value to the country in deciding upon proposed changes in the method of providing the most efficient medical care for the average citizen. The organization proposes to determine and express the opinion of Veteran Physicians concerning socialized or governmental medicine.

If national organization can be completed in time the group may be of value to private physicians still in the armed services. Medical officers are unable to express their opinions. In the past war no group has considered the question of the waste of medical talent by the regular services. No group has investigated the question of whether promotions in the Medical Corps were correlated with training, experience and ability. Volunteer physicians in the armed services have had no voice. In case of a future war, the existence of a civilian organization with experience and interest in medical service in the Armed Forces should be of value in providing an efficiently organized Medical Corps.

The President was requested to express the appreciation of the group for the consideration shown by the County and State Medical Associations in the matter of dues for 1946. He was requested to express the appreciation of the group to the County Medical Association for its assistance in holding the organization meeting.

On Organization Plans for Medical Veterans*

(COPY)

MEDICAL VETERANS' ASSOCIATION OF
LOS ANGELES COUNTY
1921 Wilshire Boulevard
Los Angeles, Calif.

March 23, 1946.

Dr. George H. Kress, Editor,
CALIFORNIA AND WESTERN MEDICINE, *Addressed.*

Dear Mr. Editor:

Enclosed is a letter, relative to the "Medical Veterans' Association of Los Angeles County." This Association has been organized and is very desirous of publicizing the type of organization, its objectives and aims to the medical veterans generally, so that additional organizations may be formed throughout the country, in the hope that this organization may play a significant rôle in expressing opinions relative to proposed legislation affecting the practice of medicine.

We believe printing of this letter in CALIFORNIA AND WESTERN MEDICINE will greatly facilitate the forming of this organization, which we believe will directly assist organized medicine in its campaign to maintain the high standards of practice and avert political control of medicine.

We would greatly appreciate your coöperation in this matter and the publication of the inclosed article in your Journal, in an early issue.

Yours very truly,

(Signed) F. A. BENNETTS, M.D., *Secretary.*

OFFICERS	EXECUTIVE COMMITTEE
WILLIAM H. LEAKE, M.D. <i>President</i>	CLARENCE J. BERNE, M.D.
WELLS C. COOK, M.D. <i>Vice-President</i>	LEWIS T. BULLOCK, M.D.
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	ROBERT STERN, M.D.
	WARREN A. WILSON, M.D.

MEDICAL VETERANS' ASSOCIATION
OF LOS ANGELES COUNTY

Why Medical Veterans Should Organize

Physicians returning from military service will face many problems in reestablishing their practice which may advantageously be approached through mutual association. The combined experiences of these men in the past war will be of great value to this country in solving the problem of medical care for the public and for the soldiers in case of a future war. The excellent performance of the Medical Corps, and the unselfish devotion of the medical officers to the welfare of the country in the war, is universally recognized by the public. The opinion of these men concerning methods of providing the best medical care for the public will receive respectful attention by the public. The physician veteran will continue to have particular interest in addition to those of all other veterans. An organization of medical veterans will have a useful function in the problems facing the medical profession, the veterans themselves and the public.

After a preliminary meeting of a few interested men, a general meeting of all medical veterans in Southern California was called in Los Angeles on January 4, 1946. A decision was made to form a permanent medical veterans organization. The following officers were elected: President, William H. Leake; Vice-President, Wells C. Cook; Secretary, Frederick A. Bennetts; Treasurer,

William E. Delphey. A committee was appointed to draft a constitution and by-laws. The name Medical Veterans' Association was adopted and subsequently the constitution and by-laws approved by the membership. It is proposed that this eventually be a nation-wide organization. It is hoped that similar groups will be formed in other areas to help solve the immediate problems of returning physicians and that these eventually be combined. The Secretary will be pleased to provide copies of the constitution and by-laws of the California group to any veterans group interested in the project.

The chief aims of the organization are considered to be the following:

1. To assist the returning physician in every possible way in reestablishing his practice.
2. To assure that the highest standards of medical care be provided for the treatment of all veterans with service-connected disabilities.
3. To crystallize the experience of former medical officers in governmental medicine, to determine their conclusions concerning the value of governmental influence over the practice of medicine, and to publicize these conclusions.
4. To advise and assist in the improvement of the organization of the medical services of the United States Armed Forces for future emergencies.

Various committees have been very busy in helping to solve the problems of returning physicians. The housing committee has had numerous meetings with the medical building managers, has developed certain principles in the allotment of available space to protect the returning doctors, and has had representatives of the building managers address the group. The narcotic license committee has helped to reduce the time required to obtain a narcotic license with which to restart practice. The surplus property committee has had numerous meetings with representatives of the Reconstruction Finance Corporation and the War Assets Corporation in an effort to make surplus medical property available to returning doctors. A representative of War Assets Corporation is addressing each meeting of the group concerning their progress with this problem. The committee recently testified before a Senate investigating committee composed of senators.

They outlined the complete confusion existing at present and were promised a solution of the problem by the senators. A committee at present is working on an exception in the law which excludes most physicians from the tax exemption said to be available to veterans.

There will be numerous problems arising concerning medical care for veterans. The group of medical veterans appear to be well-qualified to advise the government concerning these problems.

Many unsupported and apparently incorrect statements have been made concerning the attitude of doctors in the Armed Forces concerning the value of governmental supervision of the practice of medicine. The real conclusions of these men who have had extensive experience with governmental supervision, and whose sincerity cannot be questioned, is a matter of great public importance. This group proposes to determine and express the ideas of these men on the subject.

In the past war many difficulties faced by medical officers could have been avoided if there had been a civilian group experienced and willing to call the facts to public attention. In case of a future war a group of men who have had experience with the problems should be of great value to the doctors who under the facts of military discipline cannot speak for themselves.

Such a new organization obviously faces two dangers. The hardships experienced in the Army and on return to

* Note. For notice of a meeting in Los Angeles, see in "Pre-Convention Bulletin," on page 196.

civilian life could result in an excessive attitude of selfish aggrandizement for the veteran. This problem has been avoided by the Los Angeles group, which has received the wholehearted support of the entire profession in its reasonable program to assist the veteran in returning to his practice. After the immediate problems are solved there may be a loss of interest. There appear to be numerous problems which will give the organization a permanently useful function to its members, the profession and to the public.

The organization can be most useful with no connection with the County Medical Association or the American Medical Association and the constitution makes it entirely independent. The Los Angeles County Medical Association has offered its entire facilities and has been most helpful in getting the organization started. It is anticipated that groups in other areas will receive the same degree of cooperation.

A liaison has been established with the other veteran organizations. Extensive cooperation with them is planned, particularly in considering medical problems. Some type of affiliation may be considered in the future. Many members of the group are also members of a regular veterans organization.

After careful consideration membership was made available to medical veterans of all United States armed conflicts. Veterans of World War II will undoubtedly be in the great majority. Membership is also open to veteran dental and nursing corps officers of the Army, Navy, Coast Guard and Public Health Service.

It is felt that the organization of similar groups in other communities will be of benefit to the returning doctors, the medical profession and the public.

The Bulletin of the Los Angeles County Medical Association for February 7, 1946, printed the following form blank:

Attention: Doctors Returning From Service

What are your problems?

How can we help you?

We invite you to join our Medical Veterans' Association formed to assist the returning physician in every way possible in reestablishing his practice.

For more information regarding our association, communicate with the Secretary, Dr. Frederick A. Bennetts, 1921 Wilshire Blvd., Los Angeles 5, Calif.

Do you need office space? The housing committee of the Medical Veterans' Association would appreciate your filling in the questionnaire appearing below in order that they may take steps to help you.

Name

Address

Telephone

Specialty

Special Attention to:

General ☐

Desired Location: Preferred Requirements:

(Check one) 1. Association ☐

Metropolitan Area ☐ 2. Office space alone ☐

Wilshire ☐ 3. Hours (will accept) ☐

Beverly Hills ☐ Morning ☐

Hollywood ☐ Afternoon ☐

Southwest ☐ 4. Amount space desired: ☐

Suburban:

(a) Preferred Locale

Building Preference:

Were You a Former Tenant? Yes ☐ No ☐

Please return completed questionnaire to the Housing Committee.

HOUSING COMMITTEE MEDICAL VETERANS' ASSN.

Paul D. Foster, M.D., J. Norman O'Neill, M.D., Wells

C. Cook, M.D.

Home-Town Medical Care for Veterans on Trial in Two States: Michigan and California

"Home-town medical care" for veterans with service-connected disabilities is now being tried out in California and Michigan, the Veterans' Administration has advised the American Legion, which is watching the experiment with a great deal of interest.

Doctors of the California and Michigan State Medical Associations have signed contracts with the veterans' agency, General Omar N. Bradley, administrator of veterans' affairs, said. He added that doctors of North Carolina are discussing participation in the program.

At the same time the V.A. announced it was negotiating with the American Hospital Association for use of some 20,000 beds in 3,400 civilian hospitals. This plan, V.A. officials said, will extend over the nation and include the 450 civilian hospitals now under individual contract in various communities.

Local Care Possible

Once the entire program has matured, it will permit veterans to receive treatment and care for service-connected disabilities from their local doctors and hospitals instead of going to V.A. hospitals which might be outside their home communities. It will also spare excessive crowding of V.A. facilities.

For the week ending December 27, 1945, there were 1,940 veterans receiving care in civil and state hospitals, the V.A. said.

American Legion officials stated in Washington they had given no endorsement to the "home town medical care" experiment, but were watching it closely. They said they were interested in having adequate hospitals and medical facilities for veterans with service-connected disabilities. They added the Legion's basic philosophy always has been that the Federal Government should build enough veterans' hospitals, fully staffed by competent medical men, so that beds would be available for all veterans in need of treatment.

Under the new plan, the V.A. contracts for a standard of hospital service and gives the veteran with service-connected disabilities a free choice of doctors. The contracts with doctors' associations are negotiated separately.

Army Medical Library

The following additional information from a brochure, "The Most Important of the Four":

Army Service Forces, Medical Department, Major General Norman T. Kirk, the Surgeon General.

The Army Medical Library, 7th Street and Independence Ave., S.W., Washington, D. C.; Colonel Leon L. Gardner, M.C., U. S. A., the Director; Mr. Wyllis E. Wright, the Librarian.

Sponsored by the Association of Honorary Consultants to the Army Medical Library.

Association of Honorary Consultants to the Army Medical Library:

President of the Association and Chairman of the Executive Committee: Dr. John F. Fulton, Yale University School of Medicine, New Haven, Connecticut.

Vice-President: Dr. Chauncey D. Leake, University of Texas School of Medicine, Galveston, Texas.

Secretary-Treasurer: Colonel Harold W. Jones, U.S.A., Ret., Army Medical Library, Washington, D. C.

The Executive Committee: Dr. Clyde L. Cummer, Cleveland Medical Library Association, Cleveland, Ohio; Dr. Wilburt C. Davison, Duke University School of Medicine, Durham, North Carolina; Dr. Morris Fishbein, American Medical Association, Chicago, Illinois; and Major General George F. Lull, American Medical Association, Chicago, Illinois.

The late Dr. William H. Welch, eminent pathologist of Johns Hopkins University, said: "I have been asked on more than one occasion what have been the really great contributions of this country to medical knowledge. I have given the subject some thought and believe that four should be named: (1) the discovery of anesthesia; (2) the discovery of insect transmission of disease; (3) the development of the modern public health laboratory in all that the term implies; (4) the Army Medical Library and its Index-Catalogue. *This library and its catalogue are the most important of the four.*"

In 1836, during Andrew Jackson's second term, Surgeon General Lovell started the small collection of books which is today known as the greatest medical research library in the world.

The Army Medical Library's collection includes 513 medical incunabula. Of some works, it has the only known copy. There is a collection of early manuscripts from European and Oriental sources and an extensive collection of rare sixteenth and seventeenth century medical works.

There are theses published at the University of Paris (considered to be the most complete collection in existence); a vast collection of vital statistics; and a medical art collection including some 10,000 items, with references to more than 50,000 portraits and illustrations.

Material of clinical importance flows into the Library from nearly every country in the world. Russian publications, Chinese periodicals, Icelandic, Turkish, Hungarian, Croatian, Portuguese, Dutch, Swedish, and Spanish monographs and journals all make their contribution to the Library's collection. Over 3,500 serial titles are regularly recorded. In all there are over a million items of which more than 500,000 are bound volumes.

It has been well said that books are properly compared to tools of which the index is the handle. This wealth of medical knowledge has been made accessible through the Index-Catalogue, conceived by the first Librarian, Colonel John Shaw Billings.

Basic bibliography of medicine since 1880, the Index-Catalogue has world-wide distribution. Its most recent volume covers 6,000 medical and scientific subjects with a total of 105,000 references.

Inter-library loans, bibliographical and photoduplication services make it possible for the doctor, wherever he may be, to have at his beck and call all of the Library's resources. Through these services over a half million pages of medical information per month are distributed to all parts of the world.

Today's demands for greater medical knowledge have placed heavy responsibilities on the Army Medical Library. To meet these responsibilities and to provide proper housing for its ever expanding collection a new and larger building must be secured.

Building plans have been drawn adequate to meet these needs. The site has been approved. An organization of sufficient strength to carry forward has been planned.

The Army Medical Library looks forward to the time when it will become a part of the proposed group of cultural and research centers with the Folger Library and the Library of Congress on Capitol Hill. Thus will be provided in one central location the greatest assemblage of means for cultural research that the world has ever known.

All efforts are directed toward bringing about the success of these plans. This great medical research library must continue to build and interpret its collection in support of medical progress.

The Army Medical Library looks forward to new horizons in library service, for all who work for the betterment of mankind through the prevention of disease and the alleviation of human suffering.

U. C. Man Appointed to Veterans' Post

Dr. Karl M. Bowman, professor of psychiatry in the University of California Medical School and superintendent of the Langley Porter Clinic, has been appointed consultant in neuropsychiatry for Branch 12 of the Veterans' Administration.

In this position Dr. Bowman, an internationally known psychiatrist, will supervise neuropsychiatric activities of the Veterans' Administration in California, Arizona, and Nevada.

New Addition for Ft. Miley V.A. Hospital

A 1½-million-dollar grant for a tuberculosis addition to the Fort Miley Veterans' Hospital today headed a list of three Veterans' Administration hospital projects totaling \$4,596,219 planned for the San Francisco branch area.

A 250-bed general medical hospital will be built at Fresno at a cost of \$2,634,676, according to Veterans' Administration General Omar N. Bradley. Another 200-bed general hospital, to cost \$2,380,440, is scheduled for Phoenix, Ariz.

Funds for construction projects have been turned over to the U. S. Army Engineers, who will supervise the building.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Warren Signs Disability Insurance Bill

Sacramento, March 5.—(UP.)—Governor Warren today signed a disability insurance bill passed by the Legislature, calling it "one of the most important bills enacted in recent years."

The measure goes into effect in May, 1947, and allows payment of regular unemployment insurance benefits to persons out of work because of illness or non-industrial injury.

Comfort for Thousands

"I believe this bill is going to bring a lot of comfort into hundreds of thousands of workingmen's homes who otherwise would be just destitute when illness strikes the breadwinner," Warren said. "I'm satisfied it's sound in principle and can be administered efficiently."

Under the measure the present 1 per cent employee payroll tax will go into a disability fund beginning May 21. Benefit payments will start a year later unless the Federal Social Security Board allows the use of taxes already paid. In that case, payments would begin this fall.

Payments range from \$10 to \$20 a week for 23 weeks. Some 2,500,000 persons will be covered by the system.

Paid Into Fund

Warren said that since the present payroll tax is used to support the system, "the working people of the State are not getting something for nothing. They have been paying into the fund since 1937 and have got nothing for their share."

California is the second State to try a sickness benefits system, and Warren said it is "pioneering in this field just as it did 30 years ago with industrial accident insurance."

The Governor also signed a bill setting workmen's compensation insurance benefits at \$30 a week for the next two years. Payments for temporary disability were raised three years ago from \$25, while permanent disability payments have remained at \$25.—*Los Angeles Times*, March 6.

* * *

Governor Signs S. 40 (Shelley Bill) Setting Up a Disability Insurance System in California

Payments of sickness benefits in California under the Shelley bill was signed on March 5 by Governor Earl Warren.

The measure sets the start of payments as one year after the effective date of the act, which in turn is 90 days after the adjournment of the present legislative session. . . .

Provisions of the bill include:

1. All persons now covered by unemployment insurance are covered by the act, except—employees participating in a sick leave plan giving at least as good benefits as those in the state system can withdraw from the state system.

2. Payments would range from \$10 to \$20 a week for periods of nine to 23 weeks, depending on the amount of money earned during the year previous to the disability. Income of \$2,000 a year qualifies an employee for maximum benefits. However, if a person draws both unemployment and sickness benefits within one year, he may get a combined total of only 35 weeks of benefits.

3. A waiting period of seven days is enforced before payments start for each illness.

4. Application for benefits will be made directly to an office of the State Department of Employment, supported by a certificate from a physician or a practitioner of a recognized healing art. The application must be renewed each week as with unemployment insurance.

5. The payments are financed from the 1 per cent payroll tax on employees. Officials estimate that payments will be around 28 million dollars a year and that income will be around 36 million dollars a year.

* * *

The bill provides for unemployment insurance benefits for persons out of work because of illness or non-industrial injuries and for economic reasons.

A 1 per cent employee payroll tax will go into a disability fund beginning next May 21. Payments will start a year later unless the U. S. Social Security Board allows use of taxes already paid. In that case, payments would begin this fall.

Payments range from \$10 to \$20 weekly for nine to 23 weeks.

A person would be eligible for both unemployment and disability insurance within a year, but the combination is limited to 35 weeks.

British Medical Bill Opposed

50,000 British Doctors Raise Fund Against Socialization

London, March 8—(INS)—Some 50,000 British physicians today were reported subscribing to an \$8,000,000 fund to fight the Labor Government's nationalized health service should it "conflict with the best interests of medicine."

Said the British Medical Journal:

"Whether the fight will be necessary will not be known until the contents of the (government) bill are revealed."

The physicians were reported considering continued private treatment of patients, in opposition to the government program, should lectures and other means fail to force modification of any aspects of the nationalized service considered objectionable.

Some \$500,000 of the fund would be used to finance the propaganda campaign. The balance would compensate physicians for money lost by refusing to practice for the government.—*San Francisco Examiner*, March 9.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

Los Angeles County Allocates \$1,500,000 for Branches of Los Angeles County General Hospital

In a move to ease a critical shortage of hospital beds in Los Angeles county which is threatening public health, the Board of Supervisors on February 19, earmarked \$1,500,000 of State funds allocated to this county under the Field bill be set aside to finance a proposed \$3,000,000 program of branch hospitals.

At the same time, the board adopted a motion by Supervisor Raymond V. Darby to instruct County Manager Wayne R. Allen to negotiate with the Federal Government for acquisition by the county of the U. S. Army Port of Embarkation Hospital at Torrance so that 300 patients from the Los Angeles County General Hospital can be moved there by April 1.

The proposed program of branch units of the Los Angeles County General Hospital calls for the Torrance institution to accommodate Long Beach and the harbor area, another to be built in the San Fernando Valley and a third to be constructed in Pomona Valley. The three units are to be the first in the branch hospital program which Allen was asked to submit to the supervisors.

In addition to the \$1,500,000 of State funds a similar amount will be raised by direct tax levy or by a bond issue to be submitted to the voters next November to match the State funds. Under the proposal each branch hospital would accommodate from 250 to 300 patients and cost an average of \$1,000,000 a unit to construct.

Superintendent of Charities Arthur J. Will told the supervisors General Hospital now has 3,279 patients or 279 more than the largest load in its history. He declared there is immediate need for 1,600 additional beds in the hospital.

Director of State Hospital Survey Named

Dr. Philip K. Gilman of San Francisco, has been named to conduct a State-wide survey of California hospitals as authorized in a bill recently signed by Governor Warren.

Dr. Gilman was appointed by Dr. Wilton L. Halverson, State public health director.

The survey was approved by the recent Legislature at the request of the Governor. It will permit California to share in a Federal aid program for the extension of hospital facilities. An appropriation of \$25,000 was made to carry on the survey. Coördination of hospital services within and between communities is an objective of the survey.

Blue Cross Plan Is Making Gains in Southern California

During the past year, members of the nonprofit Southern California Blue Cross Plan, received a total of 107,241 days of hospital care which, at current hospital

rates, represented a saving of \$1,117,077.30, according to Ralph Walker, executive director.

During the same period, membership in the plan increased 51½ per cent over 1944 and five new additions were made to the member-hospital roster, Walker said.

For the first time in the history of the organization, community-wide enrollments were recently conducted in Alhambra and Ventura during which self-employed persons were eligible for membership. A similar campaign is now under way in Bakersfield.

According to Walker, Blue Cross was founded in 1937 by the Hospital Council of Southern California so that employed persons could prepay the cost of hospital bills on a voluntary, nonprofit basis.

At the present time there are 350,000 members in California, while nationally the figure is now close to the 20,000,000 mark, with an average work-day growth of 17,000.

A total of 81 hospitals comprise Blue Cross in the southern area, and care is rendered by them on a service rather than a reimbursement basis.

During the year, Blue Cross contracts have been liberalized to cover all known diseases and injuries, Walker said.

To keep pace with the rapid growth of the plan, branch offices have been established in San Diego, Santa Barbara, Fresno and Bakersfield. Headquarters is located at 743 South Grand View Street, Los Angeles.

American Hospital Association Prints Important Brochures on Hospital Organizations and Planning

To offer expert guidance to the many organizations and civic groups now contemplating the establishment of new hospital facilities in their communities, a group of articles reprinted from the 1945 Hospital Review is now available from the American Hospital Association. Discussions of important phases of hospital organization and construction, published in three pocket-sized booklets, are entitled:

"Measuring the Community for a Hospital" (early considerations in planning).

"Organization of the Medical Staff."

"The Governing Board of the Hospital."

Prepared by Warren P. Morrill, M.D., director of research of the Association, each of the treatises was submitted for criticism to more than thirty leaders in the professional fields, and various points of view were incorporated. A fourth article, "The Administrative Aspects of Hospital Planning," is designed to assist the building committee when it begins work with the architect. This article, though unavailable in reprint form, may be found in the complete Book I of the 1945 Hospital Review, "The Individual Hospital."

"Measuring the Community for a Hospital" is available through the Department of Public Relations, American Hospital Association, Chicago 10, for \$.25 per single copy and \$.15 per copy in quantities of five or more. "Organization of the Medical Staff" and "The Governing Board of the Hospital" may be ordered at \$.20 per single copy, or \$.12 per copy in quantity.

The Blue Cross Plan

Close to sixteen per cent of the people in the United States are members of the Blue Cross hospital plan. John R. Mannix Chairman of the American Hospital Association's Blue Cross plan commission, gave these figures recently in Washington. (Weekly Underwriter, January 19, 1946).

... Blue Cross hospital-service organizations now have 20,000,000 members, compared with 5,000,000 in 1939. He

said that it was reasonable to predict "complete national coverage within the next five years."

Complete national coverage would mean the operation of the plan in each of the 48 states. At the present time, five states lack the plan: Arkansas, Idaho, Mississippi, South Carolina and Wyoming. Voluntary methods for prepaid hospital care thus seem to be increasingly popular.

Commission on Hospital Care Report

Expansion of services of the large general hospital to include tuberculosis and nervous and mental care may well take place in the future, suggested Arthur C. Bachmeyer, M.D., at the Midyear Conference February 8 and 9 of the American Hospital Association. The director of study of the Commission on Hospital Care,—an independent public service committee studying hospital facilities in the United States and initiated by the Association,—Dr. Bachmeyer spoke before officers of hospital organizations of the United States and Canada. The conference was held in Chicago's Drake Hotel.

Discussions of relationships of the general hospital to all types of health care bring the following considerations to the fore, Dr. Bachmeyer told the conferees:

The advisability of constructing new tuberculosis facilities adjacent to and operated in conjunction with large general hospitals.

The provision of facilities in large general hospitals for diagnosis of nervous and mental patients, and for treatment of those patients not in need of long-term institutional care.

The feasibility of expanding the functions of special communicable disease hospitals now operated by cities, towns, and villages to include all types of illness.

The possibility of the maintenance of nursing schools by large institutions only, which would affiliate for rural hospital experience with hospitals in smaller communities; improved hospital care for Negroes; and the computation of the need for hospital beds in local or statewide areas based upon the ratio between the death rate and the days of hospital care, were other proposals related to the group by Dr. Bachmeyer.

"Action on state surveys of hospital facilities has now been taken in every state and in the District of Columbia," he said. "Thirty-one surveys are now actually in progress."

"Because developments have come rapidly, the Commission feels that it can complete its work by October 1, 1946, the termination date of the original two-year allotted period," stated Dr. Bachmeyer.

It is expected that the Commission's report will be published shortly thereafter.

Chicago Hospitals Crowded

More than twice as many patients were handled by the hospitals of Chicago and Cook County in 1944 than 10 years earlier. Daily occupancy rose from over 5,000 in 1934 to 11,461 in 1944. An official of the American Hospital Association for Chicago and Cook County stated (Chicago Tribune, January 16, 1946) that:

Such institutions are more crowded today than at any time during the last 10 years, principally because more persons now are able through insurance or greater earning power to pay for such hospital care.

The significance of this statement lies in the fact that a similar situation exists throughout the country. Whatever the reason for the increase, the fact remains that the hospitals are operating at close to capacity. Should the nation adopt compulsory health insurance, additional millions of people would be eligible for hospital care, and until present facilities are greatly expanded, there simply would not be room for more patients.



V.A.-C.P.S. Contract. Veterans' Administration officials, California Medical Association executives and medical and executive personnel of the California Physicians' Service shown in the San Francisco office of Col. T. J. Cross, acting deputy administrator, where the V.A.-C.P.S. contract for the immediate out-patient care of all California veterans was given final approval.

Standing, left to right, Dr. A. E. Larsen, medical director C.P.S.; Richard Lyon, operations manager C.P.S.; Dr. John W. Nielsen, V.A. liaison medical officer, Los Angeles; Col. James G. Donnelly, manager, San Francisco V.A. hospital; Robert Shields, manager, San Francisco regional office; Raymond H. Castro, finance officer, San Francisco regional office; Col. C. E. B. Peeke, V.A. director of public relations; Dr. Chester L. Cooley, secretary C.P.S.; Col. F. G. Bell, director of medical service V.A.; Col. Charles W. Colebaugh, chief, out-patient and reception service, Los Angeles V.A. hospital; Maude Maxwell, supervisor medical dept., Los Angeles; Dr. William Gardenier, assistant medical director, C.P.S., Los Angeles area; Lt. Col. Darling, V.A. liaison medical officer, San Francisco; W. M. Bowman, executive director, C.P.S. Seated, Maj. L. E. Briscoe, chief, out-patient and reception service, Fort Miley, V.A. center, San Francisco, and Col. Cross.

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California Physicians' Service—Veterans' Administration Program

(Release for Publication from California Physicians' Service on March 21, 1946)

INSTRUCTIONS

There will be mailed to each C.P.S. physician a booklet containing forms, known as VET 52, which will be used

to determine eligibility for treatment. This form represents a request for authority for treatment.

(1) The first step in the care of the veteran is to have this form completed in duplicate in all cases.

(2) This form is a request for authority for treatment. It should be mailed to C.P.S. the day it is completed.

(3) Send both copies to California Physicians' Service: North of Fresno: mail to 153 Kearny Street, San Francisco 8, California.

Fresno South: mail to 743 South Grandview, Los Angeles 5, California.

(Physicians residing in Kings, Tulare and Fresno counties: Please send all forms and communications relative to the Veterans' Program to 153 Kearny Street, San Francisco 8, California, because these counties are in the northern region of the Veterans' Administration. For regular C.P.S. business under the Commercial Program in these counties the forms will continue to be sent to 743 South Grandview Street, Los Angeles 5, as formerly.)

(4) Upon receipt of this form, C.P.S. will check eligibility for service with the Veterans' Administration. As soon as this can be determined, you will be notified of acceptance or rejection of treatment by return mail service.

TREATMENT

If the case is accepted, you will receive notice of the extent of treatment authorized, on a second form which will be prepared in the C.P.S. office. Upon receipt of this

second form, the physician will complete the authorized service, and when this is completed, the form is to be mailed to C.P.S. as soon as possible. If further treatment, beyond that which has been authorized, is indicated, there is a place on the form to request it. Please always indicate the number of visits and any special service such as x-ray, lab, etc., which you feel may be required. When this form is completed and is received in the C.P.S. office, it represents your full report as well as your bill for services. A check for these services will be mailed to you by C.P.S.

Any service rendered by you which is not included in the authorization will not be allowed by the Veterans' Administration.

GENERAL INFORMATION REGARDING BENEFITS UNDER C.P.S.-VETERANS' ADMINISTRATION PROGRAM

In order to receive care under this program a veteran must have previously filed a claim with the Veterans' Bureau. When such a claim has been recorded, the veteran is entitled to care by the physician of his own choice, as follows:

(1) MALES:

- (a) Service incurred disabilities.
- (b) Inter-current illnesses when retarding recovery or aggravating a service connected disability.
- (c) Veterans attending school—high school, university, etc.—under the G.I. Bill of Rights, are only entitled to treatment for service connected disabilities as described in subparagraphs (a) and (b) above.
- (d) Veterans receiving Vocational Rehabilitation Training are covered for necessary treatment for any and all conditions which may interrupt training, regardless of service connection. Arrangements have been made to have Vocational Training officers give veterans taking this training a letter explaining their status. This letter should be attached to the initial report form. It will expedite issuing proper authorization.

FEMALES:

- (a) Females are entitled to the same benefits as described above for the male.

The above services are available to veterans who do not live within a reasonable distance of or have easy access to a Veterans' Administration Out-Patient office or hospital, with the exception that house visits, when necessary, may be provided by the physician of choice, regardless of the distance from the Veterans' Administration Out-Patient office or hospital.

- (2) Hospital Care may be authorized in private hospitals for service connected disabilities, if requested by you and approved by the Veterans' Administration when the condition of the veteran precludes travel, or when no bed is available in a Veterans' Administration hospital, with the exception that female veterans are entitled to hospitalization in private hospitals for non-service connected disabilities, if emergent, except normal child-birth, and no bed is available in a Veterans' Administration hospital or the condition of the patient precludes travel.

- (3) X-ray and laboratory procedures will be authorized in connection with the above services if requested by you and authorized by the Veterans' Administration.

IMPORTANT: A complete report of the findings of such procedures, should accompany your bill. Your own stationery or the reverse side of the treatment form may be used for this purpose if performed in your office. If sent out to other laboratories or radiologists, they will submit their bill directly to C.P.S. on their own stationery, and attach a copy of their findings.

- (4) Drugs provided by you will be paid for in emergencies when itemized and an extended cost given in the space provided. Thereafter the patient should be given

a prescription and instructed to send it to the Veterans' Hospital in San Francisco or Los Angeles. The prescription will be filled there and mailed to the patient.

It is requested that in so far as possible prescriptions given to the veterans for compounding at Veterans' Administration hospitals be limited to U.S.P., N.F. and Council-Accepted Drugs.

Prosthetic appliances and other materials may be paid for when itemized.

EXAMINATIONS FOR RATINGS

In addition to treatment for illnesses, general and special examinations for rating purposes will be requested by the Veterans' Administration. The doctor will be provided with the proper forms, and the veteran will be instructed to contact your office for an appointment to have the examination completed. The physician may bill C.P.S. by use of the regular C.P.S. Form No. 9, in duplicate, or on his own stationery in duplicate.

Note: In all examinations and treatments, please do not discuss with the veteran the probable degree of disability rating, or the merits of one already given by the Veterans' Administration. It is also asked that the physician not discuss the evaluation or legitimacy of benefits for treatment. These matters are purely for the Veterans' Administration to decide after review of the veteran's record. At no time should the physician disclose to the veteran information regarding the contents of his present or previous medical record.

IMPORTANT: The amount of information required under this program must necessarily be more complete than under the regular C.P.S. Commercial Program.

This is necessary because all reports will become part of the veteran's permanent record. They will be the basis upon which all his rights (present and future) as a veteran, will be determined. For this reason, may we urge that all reports be complete and accurate.

Our contract provides that incomplete reports will be returned to the physician for further information at no additional expense to the Veterans' Administration.

(Signed) LOWELL S. GOIN, M.D., President.
California Physicians' Service.

COMMITTEE ON POSTGRADUATE ACTIVITIES

Los Angeles Physicians Invited to Attend a Series of Four Medical Lectures at U.C.L.A.

Members of the Los Angeles County Medical Association are cordially invited to attend a series of four lectures to be given as a part of the refresher courses now being offered by University of California of Los Angeles at Westwood Village.

The first series of lectures will be given by Doctor Arthur Grollman of Dallas, Texas, on the evenings of March 12, 13, in the Physics-Biology Building. Lectures begin promptly at eight o'clock.

The second series will be presented by Doctor Russell L. Cecil of Cornell University and will be given on the evenings of April 23, 24, beginning promptly at eight o'clock.

The Los Angeles County Medical Association is cooperating in making these lectures available at no cost to members. Admission will be by membership card. Further details follow:

Among prominent visiting lecturers scheduled to participate in the medical refresher courses now being offered by University of California Extension are Dr. Russell L. Cecil, Professor of Clinical Medicine, Cornell

University, and Dr. Arthur Grollman, of the Department of Experimental Medicine, Southwestern Medical College, Southwestern Medical Foundation, Dallas, Texas.

Dr. Grollman, who received his A.B., Ph.D., and M.D. degrees from Johns Hopkins University, was Associate Professor of Pharmacology and Experimental Therapeutics in the Johns Hopkins Medical School from 1932 to 1941. From 1941 to 1945 he was Resident Professor of Medicine at Bowman Gray School of Medicine, Wake Forest College, Winston-Salem, North Carolina. Dr. Grollman will present two lectures on the Los Angeles campus of the University of California. The first, to be given from 8:00 to 10:00 p.m. on the evening of March 12, 1946, is entitled: "Clinical Aspects of Thyroid Disease." On March 13, from 8:00 to 10:00 p.m., Dr. Grollman's topic will be: "Recent Experimental Studies in Hypertension."

Dr. Cecil has been Professor of Clinical Medicine at Cornell University since 1933. He was President of the American Rheumatism Association in 1937-38 and of the New York Rheumatism Association in 1942-43. He is the author of *Diagnosis and Treatment of Arthritis*, 1929, 1936, and editor of *A Textbook of Medicine by American Authors*, 1927, 6th edition, 1943. Dr. Cecil will lecture on two consecutive evenings, April 23 and 24, from 8:00 to 10:00 p.m., on the Los Angeles campus of the University of California. He will speak on the general subject of "Arthritis," with special emphasis on rheumatoid and hypertrophic arthritis.

Seventh Annual Los Angeles Postgraduate Symposium

The Seventh Annual Postgraduate Symposium for physicians of the Medical, Dental and Pharmaceutical Association of Southern California, in cooperation with the California Tuberculosis and Health Association, the Los Angeles County Tuberculosis and Health Association, and the Los Angeles Heart Association, will be held in Los Angeles, March 10 through the 13.

A public meeting, concerning itself with community public health, will formally open the symposium on Sunday, March 10, at 3:15 p.m., at the Zion Hill Baptist Church, East Fifty-first and McKinley Streets.

Dr. Louis J. Regan, president of the Los Angeles County Medical Association, will give the symposium keynote speech at a stag dinner for members of the medical profession on the evening of the opening day at the Crystal Palace Tea Room at 4818 South Avalon Boulevard. Dr. Reginald Smart will speak on behalf of the tuberculosis associations.

Beginning Monday, March 11, and following through Wednesday, March 13, the symposium will concern itself with tuberculosis, neuro-psychiatry, obstetrics, syphilis, and a cardiac clinical conference. Out-of-state physicians leading the discussions will include:

Dr. W. A. Beck, fellow of the American College of Chest Physicians, Nashville, Tenn.;

Dr. H. J. Erwin, member of the American Board of Psychiatry and Neurology, St. Louis, Mo.; and

Dr. P. M. Santos, diplomate, American Board of Obstetrics and Gynecology, Chicago, Ill.

Local physicians leading the discussions will be Dr. Leo Tepper, medical director of Olive View Sanatorium; Dr. John F. Flynn, medical director of the Los Angeles County Rapid Treatment Center; Dr. A. M. Roberts, president of the Los Angeles Heart Association.

Sessions will be held at the University of Southern California, Los Angeles General Hospital, Olive View Sanatorium, and Los Angeles County Rapid Treatment Center.

C.M.A. CANCER COMMISSION

California and the Annual Drive of the American Cancer Society

The American Cancer Society will stage its annual drive for contributions during the month of April. The goal is \$12,000,000, and the California quota is \$854,000. The California division of the American Cancer Society will look to the medical societies to approve and add their support to this campaign.

The Cancer Commission of the California Medical Association urgently requests the cooperation of county societies in this project. Sixty per cent of all the money raised in California will remain here and will be used for cancer work in this State. Of the 40 per cent that goes to the National Society, 15 per cent is used for their program of publicity and education, while 25 per cent will be spent for research in cancer under the direction of the National Research Council that controlled all of the Government research during the war. If California meets the goal of \$854,000, one-half million dollars will be spent for cancer control and the care of cancer patients in this State. The Council of the C.M.A. has asked what you will do with the half-million dollars. The answer to that question is the reason why the members of the county medical society should support the April drive.

Funds will be needed and will be spent if available for—

1. To provide added facilities and follow-up work in approved cancer clinics.
2. To assist in the formation of new approved cancer clinics wherever feasible.
3. To supply hospital beds for needy cancer patients during treatment.
4. Transportation and surgical supplies for cancer patients.
5. Terminal hospital beds for advanced cancer cases.
6. To make the Pananicolau test for cancer of the uterus available by supporting centers in Los Angeles and San Francisco.
7. To finance refresher courses for physicians.
8. To educate the public regarding the danger signals of cancer and the need for immediate treatment.

There are three important ways in which the county medical societies can assist in this cancer campaign.

1. Your patients will inquire about the campaign. Tell them that it is worthwhile and give the campaign a sincere enthusiastic boost.
2. The local Field Army will need representatives of the county medical society on their executive committee to advise and give them moral support. The county society should see that they have interested energetic members on this executive committee.

3. The local Field Army will need speakers on cancer topics for the campaign. These should come from the medical society.

All three of these services are of vital interest to the success of the campaign for the public looks to your medical judgment to determine their individual support.

Cancer is the second highest cause of death in this State. It is the No. 1 Public Enemy because of the tremendous suffering involved. We have approximately 35,000 cancer patients in California with an annual death rate of more than 11,000. The cure and relief of these patients should have our first interest and energetic support.

The Cancer Commission of the C.M.A. can assure you that the money collected by the American Cancer Society will be wisely, effectively and impartially spent through—

out the State to assist the greatest possible number of cancer patients. Because of the great need and this opportunity to finance the work in cancer control, the Commission recommends and requests your support.

(Note. Above information was sent to C.M.A.'s component county medical societies by Lyell C. Kinney, M.D.,

U. S. Cancer Group Founder Dies at 80

San Diego, Feb. 24.—(AP.)—Frederick L. Hoffman, 80, former vice-president and consulting statistician of the Prudential Life Insurance Company and founder of the American Society for Control of Cancer, died today.—San Francisco *Examiner*, February 25.

(COPY)

79th Congress: 1st Session, H. R. 4502

IN THE HOUSE OF REPRESENTATIVES

On October 25, 1945, Mr. Neely introduced the following bill; which was referred to the Committee on Foreign Affairs.

1 1 1

A BILL

To authorize and request the President to undertake to mobilize at some convenient place in the United States an adequate number of the world's outstanding experts, and coordinate and utilize their services in a supreme endeavor to discover means of curing and preventing cancer.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the President is hereby authorized and requested to undertake, in whatever manner he may deem most appropriate, to mobilize at some convenient place in the United States an adequate number of the world's outstanding experts, and coordinate and utilize their services in a supreme endeavor to discover means of curing and preventing cancer; and to take any additional action that he may consider necessary or proper to achieve the desired result.

SEC. 2. The sum of \$100,000,000 is hereby authorized to be appropriated to enable the President to carry out the provisions of this Act.

"All Out Against Cancer"

In *Collier's* of February 23, 1946, appeared an interesting article by Hannah Lees, under the caption, "All Out Against Cancer." The article was well illustrated and may be of interest to medical as well as lay readers.

Dr. Robert S. Stone Appointed to Cancer Council

Dr. Robert S. Stone was appointed on January 24, by Surgeon General Thomas Parran to a three-year term on the National Advisory Cancer Council, according to Associated Press.

Dr. Stone is a professor of roentgenology at the University of Chicago School of Medicine.

Cancer of Stomach—Mass Cancer X-Rays Found Unprofitable

Mass x-ray examination of the general population in search of stomach cancer is not profitable, it is indicated in a study by radiologists in the University of California Medical School.

The doctors conducted the survey in an attempt to determine whether or not mass surveys, such as those conducted for tuberculosis, would be useful in finding early cases of cancer.

Five hundred men above the age of 45, all of them free of any digestive complaints, were given x-rays examinations of the stomach. Not a single case of stomach cancer

was found, and there were only three certain cases with other stomach disorders, such as ulcer.

The doctors pointed out that their rigid selection of candidates excluded those with the slightest symptoms, and they warned that the study in no way detracts from the view that even mild dyspepsia in older persons demands prompt medical investigation.

They also said that persons with pernicious anemia, which predisposes to stomach cancer, should have x-ray examinations.

The survey was conducted by Dr. Morris E. Dailey, clinical instructor in medicine, and Dr. Earl R. Miller, associate professor of radiology.

Cancer Clinic

Sacramento County Division American Cancer Society, is establishing a cancer clinic in Sacramento, with the first clinic to be held March 5, in Sacramento County Hospital.

X-ray equipment and other facilities of the clinic are to be made available to the public without charge and the clinic is to be staffed with specialists in blood, surgery, radium, x-rays, radiology, pathology, and other medical specialties.

All three of the major hospitals in Sacramento—Mercy, Sutter, and Sacramento—are to participate in the program. . . .

The Sacramento Cancer Society during the last year raised more than \$5,000 to finance cancer prevention and control, and the society will finance the x-rays, equipment and drugs for the clinic. . . .

C.M.A. Cancer Commission

The State office will shortly receive the minutes of the meeting of the California division, but for your information the following is the outline of what was done at a recent meeting of the Cancer Commission of the California Medical Association, Dr. Lyell C. Kinney, 1831 Fourth Street, San Diego, Chairman:

1. Adoption of a constitution.
2. Discussion of proposed by-laws.
3. Adoption of a financial policy for the county branches.
4. Discussion of a request from Dr. Hunt and U. C. for \$6,500.00 to inaugurate the work on the Papanicolaou smear. This was authorized subject to conditions to be approved by Drs. Rinehart and Wood.
5. Authorization of \$1,500.00 subsidy to the cancer clinics about to be organized in Sacramento.
6. Discussion of the expenditure of the proposed \$800,000.00 which is our quota for next year. Enclosed is an outline of the facts accepted in that discussion.

The Cancer Commission spent most of its time on the report to the Council regarding "detection clinics." The Commission also adopted a "minimum standards" to be submitted to the Council if the report is approved. Dr. Dobson of Stanford discussed the progress on the "Cancer Manual," on which he is chairman of the editorial committee. The Commission discussed and acted on the problems of the pre-convention conference.

Otto F. Müller (1730-1784).—The first attempt at the classification of the bacteria and protozoa, which Linnaeus had grouped under the vague genus "chaos," was made by Otto F. Müller. This work of bacteriological interest covered a period of twenty years, and was published posthumously in 1786. Some of the nomenclature is still employed today, "Bacillus" and "spirillum" date back to Müller, though they do not entirely retain their original significance.

COMMITTEE ON MEDICAL ECONOMICS

A.M.A.'s Nationwide Prepayment Program for Medical Care of the American People

Council on Medical Service and Public Relations American Medical Association

Note.—The statement that follows indicates the official actions taken by the constituted authorities of the American Medical Association concerning prepaid medical care plans:

Work has begun already by the Council on Medical Service and Public Relations to put into effect the nationwide prepayment program for medical care of the American people. This program was presented February 17 to the American public through the press and over the radio by the Board of Trustees following joint action by the Council on Medical Service and Public Relations and the Board of Trustees in accord with the resolution passed by the House of Delegates last December. Work on this program is to be coordinated closely with the activities of the Associated Medical Care Plans, Inc., an organization of prepayment plans, just established.

The Board of Trustees has established under the Council on Medical Service and Public Relations a Division of Prepayment Medical Care Plans with a director and a staff who will administer the activities of the Council on Medical Service and Public Relations related to the promotion and development of medical care plans in all the states.

* * *

DIGEST-STATEMENT OF RECOMMENDATIONS OF THE COUNCIL AS APPROVED BY THE BOARD OF TRUSTEES

The Council on Medical Service and Public Relations recommends the employment of a Director of its Division of Prepayment Medical Care Plans and the necessary staff. It is recommended that the Council appoint an Advisory Committee representing medical care plans and their associations.

The Council has determined standards for medical care plans. Plans which meet these standards shall be entitled to the use of the Council Seal during the period of their approval.

The Director of the Division of Prepayment Medical Care Plans of the Council on Medical Service and Public Relations with his staff and with the assistance and cooperation of the Advisory Committee the State Medical Societies and the Association of Medical Care Plans shall be available to assist in developing plans, increasing the number of persons covered by already existing plans and facilitating reciprocity among them.

The Council believes that responsibility for the development of medical care plans rests with state and county medical societies. Stimulation, coordination and federation of such plans under the instructions of the House of Delegates is deemed to be the function of the Council on Medical Service and Public Relations and the Board of Trustees of the American Medical Association.

The duty of the Advisory Committee shall be to advise the Director of Prepayment Medical Care Plans and the Council on the methods of implementing the program and, on approval of the Council, the Director of Prepayment Medical Care Plans will undertake the functions described in paragraph 3.

The Advisory Committee shall consist of five members, appointed for one year. For the first year it is suggested that the following comprise the committee: Mr. Jay Ketchum, Dr. F. Feierabend, Dr. Herbert Bauckus, Mr. William Bowman and Mr. Charles Crownhart.

A tentative cost of this program is estimated at \$50,000 for the first year.

Statement of A.M.A. Trustees and Council on Medical Service, re Voluntary Prepayment Sickness Plans

The Board of Trustees of the American Medical Association and the Council on Medical Service of the American Medical Association at a meeting recently completed in Chicago have taken a long step toward protection of the American people against the costs of sickness through participation in a voluntary prepayment sickness plan now developed under the authority of the American Medical Association.

* * *

The fundamental step in the development of this plan was the establishment of standards of acceptance for medical care plans which have the approval of the Council on Medical Service of the American Medical Association. Any plan which meets the standards of the Council will be entitled to display the seal of acceptance of the American Medical Association on its policies and on all of its announcements and promotional material. In order to qualify for acceptance, the prepayment plan must have the approval of the state or county medical society in the area in which it operates. The medical profession in the area must assume responsibility for the medical services included in the benefits. Plans must provide free choice of a qualified doctor of medicine and maintain the personal, confidential relationship between patient and physician. The plans must be organized and operated to provide the greatest possible benefits in medical care to the subscriber.

* * *

Medical care plans may be in terms of either cash indemnity or service units, with the understanding that benefits paid in cash are to be used to assist in paying the costs incurred for medical service. The standards also include provisions relative to the actuarial data that are required, systems of accounting, supervision by appropriate state authorities and periodic checking and reporting of the progress of the plan to the Council.

* * *

Coincidentally with the announcement of these standards of acceptance, there was organized, as a voluntary federation, an organization known as "Associated Medical Care Plans, Inc." This independent association will include as members all plans that meet the minimum standard of the Council on Medical Service of the American Medical Association. The Associated Medical Care Plans will undertake to establish coordination and reciprocity among all of these plans so as to permit transference of subscribers from one plan to another and use of the benefits in any state in which a subscriber happens to be located. Under this method great industrial organizations with plants in various portions of the United States will be able to secure coverage for all of their employees. Moreover, it will be possible for the Veterans' Administration, welfare and industrial groups as well as government agencies, to provide coverage for the people in any given area through a system of national enrollment. In addition, the Associated Medical Care Plans, Inc., will undertake research and the compilation of statistics on medical care, provide consultation and information services based on the records of existing plans and engage in a great campaign of public education as to the medical service plan movement under the auspices of state and county medical societies.

* * *

The Board of Trustees of the American Medical Association also announced the establishment under its Council on Medical Service of a Division of Prepayment Medical Care Plans with a director and a staff who will administer the activities of the Council on Medical Service related to the promotion and development of medical care plans in all of the states.

In announcing its proposals for a nation-wide provision of sickness insurance on a mutual nonprofit basis, the Association through its President and the Board of Trustees authorizes the publication of its complete health program with the ten points, which include the development of services in the field of preventive medicine, maternal and child health, voluntary prepayment plans for protection against the costs of sickness, compensation for loss of wages due to illness, the care of the veteran and the development of a high standard of housing, nutrition, clothing and recreation.

The American Medical Association last June through its Board of Trustees and Council on Medical Service announced a 14-point program to improve the health and medical care situation in the United States. In October, 1945, the interpretation of these 14 points and methods of implementation were adopted by the Council on Medical Service. In December, 1945, the House of Delegates approved the whole program, suggested its rearrangement and directed the Board of Trustees to keep the program constantly up to date so that it will stay at least even with and, if possible, a step ahead of the needs of the public.

With this in mind the Board of Trustees has adopted a restatement of the 14-point program, which clarifies still further the position of the American Medical Association on some of these points and brings into the program more definitely such matters as maternal and child welfare, medical research, the medical care of the veteran and the part to be played by the voluntary health agencies.

This restatement follows:

NATIONAL HEALTH PROGRAM OF THE AMERICAN MEDICAL ASSOCIATION

1. The American Medical Association urges a minimum standard of nutrition, housing, clothing and recreation as fundamental to good health and as an objective to be achieved in any suitable health program. The responsibility for attainment of this standard should be placed as far as possible on the individual, but the application of community effort, compatible with the maintenance of free enterprise, should be encouraged with governmental aid where needed.

2. The provision of preventive medical services through professionally competent health departments with sufficient staff and equipment to meet community needs is recognized as essential in a health program. The principle of Federal aid through provision of funds or personnel is recognized with the understanding that local areas shall control their own agencies as has been established in the field of education. Health departments should not assume the care of the sick as a function since administration of medical care under such auspices tends to a deterioration in the quality of the service rendered. Medical care to those unable to provide for themselves is best administered by local and private agencies with the aid of public funds when needed. This program for national health should include the administration of medical care including hospitalization to all those needing it but unable to pay, such medical care to be provided preferably by a physician of the patient's choice with funds provided by local agencies with the assistance of Federal funds when necessary.

3. The procedures established by modern medicine for advice to the prospective mother and for adequate care in childbirth should be made available to all at a price that they can afford to pay. When local funds are lacking for the care of those unable to pay, Federal aid should be supplied with the funds administered through local or state agencies.

4. The child should have throughout infancy proper

attention including scientific nutrition, immunization against preventable disease and other services included in infant welfare. Such services are best supplied by personal contact between the mother and the individual physician but may be provided through child care and infant welfare stations administered under local auspices with support by tax funds whenever the need can be shown.

5. The provision of health and diagnostic centers and hospitals necessary to community needs is an essential of good medical care. Such facilities are preferably supplied by local agencies, including the community, church and trade agencies which have been responsible for the fine development of facilities for medical care in most American communities up to this time. Where such facilities are unavailable and cannot be supplied through local or state agencies, the Federal Government may aid, preferably under a plan which requires that the need be shown and that the community prove its ability to maintain such institutions once they are established. (Hill-Burton bill.)

6. A program for medical care within the American system of individual initiative and freedom of enterprise includes the establishment of voluntary nonprofit prepayment plans for the costs of hospitalization (such as the Blue Cross plans) and voluntary nonprofit prepayment plans for medical care (such as those developed by many state and county medical societies). The principles of such insurance contracts should be acceptable to the Council on Medical Service of the American Medical Association and to the authoritative bodies of state medical association. The evolution of voluntary prepayment insurance against the costs of sickness admits also the utilization of private sickness insurance plans which comply with state regulatory statutes and meet the standards of the Council on Medical Service of the American Medical Association.

7. A program for national health should include the administration of medical care, including hospitalization, to all veterans, such medical care to be provided preferably by a physician of the veteran's choice with payment by the Veterans' Administration through a plan mutually agreed on between the state medical association and the Veterans' Administration.

8. Research for the advancement of medical science is fundamentally in any national health program. The inclusion of medical research in a National Science Foundation, such as proposed in pending Federal legislation, is endorsed.

9. The services rendered by volunteer philanthropic health agencies such as the American Cancer Society, the National Tuberculosis Association, the National Foundation for Infantile Paralysis, Inc., and by philanthropic agencies such as the Commonwealth Fund and the Rockefeller Foundation, and similar bodies have been of vast benefit to the American people and are a natural outgrowth of the system of free enterprise and democracy that prevail in the United States. Their participation in a national health program should be encouraged and the growth of such agencies when properly administered should be commended.

10. Fundamental to the promotion of the public health and alleviation of illness are widespread education in the field of health and the widest possible dissemination of information regarding the prevention of disease and its treatment by authoritative agencies. Health education should be considered a necessary function of all departments of public health, medical associations and school authorities.

A.M.A.'s Medical Plan

The American Medical Association's proposal for a

national voluntary plan for medical care is a positive move on the part of the profession to head off State and Federal "social medicine" programs

Dr. Roger I. Lee, president of the A.M.A., explains that any medical care plan now functioning in local communities which meets A.M.A. standards and has received medical society approval may be accepted under the program. In the proposed national voluntary federation of local medical care groups the advantages to insured members would include the privilege to transfer from one community group to another and other reciprocal benefits

The A.M.A.'s program should win wide support among the profession and the public—Los Angeles *Times*.

You May Be Next

Seldom has any single group within the United States been threatened with the degree of political coercion and oppression that now threatens the medical profession.

In spite of protestations to the contrary, the President's plan for a centralized Government-controlled medical system cannot be other than oppressive. It is to be financed by compulsory contributions, directed by overhead authority and subject to all the evils of politics. Doctors oppose such a system because of the destruction it would wreak on medical standards. However, more than medical standards should be considered. The public will do well to ponder the potentialities of a program that would put tens of thousands of doctors under the heel of Federal authority, against their will. If it can be done in the field of medicine, it can be done to other groups.

If this country is to have a sound, progressive medical system it must respect the professional judgment of medical men in matters pertaining to medicine, and also respect their rights as a minority group.—*Visalia Times Delta*, February 8.

Compulsory Health Insurance and Chambers of Commerce

Unsound and undesirable are the words used by Clarence A. Jackson, Executive Vice-President of the Indiana State Chamber of Commerce, to describe the pending compulsory health insurance proposals. The system is unsound, Jackson said, because there is lack of balance between cost and benefits. Declaring that such a program would bankrupt the nation, Jackson continued (*Christian Science Monitor*, January 9, 1946)

A system which will permit a person to draw a full year of unemployment and sickness benefits totaling \$1,560 on the basis of earnings of only \$570, as does the Wagner-Murray-Dingell plan, can hardly be said to encourage an industrious attitude . . .

Further, the system is undesirable, because

. . . it would be destructive both to the moral fiber and the freedom and economic security of the American people. It would clamp down Federal regimentation on our lives . . .

Voluntary plans are favored by Jackson, who is also a member of the Social Security Committee of the U. S. Chamber of Commerce. Of these voluntary plans he says in the same article:

Progress being made under the existing system of private practice by doctors and voluntary hospital and sickness insurance plans, combined with present continually expanding public systems of free medical and hospital care facilities for those unable to pay for the services themselves, is outstanding.

These views are said to be shared by the Indiana Chamber of Commerce and similar organizations in other states. In other words, giving the voluntary systems a chance before deciding that compulsion is necessary.

Social Security—What Will It Cost?

More and more, cost looks like the tail that will wag the dog in the social security proposals. The fact that the sponsors and advocates have not come forth with an itemized estimate of the future bill has not deterred private sources from speculating on this all-important aspect of the security program. At the recent meeting of the Church Pensions Conference in New York, its actuary, George A. Huggins, had this to say: (*Christian Science Monitor*, December 1, 1945)

The experts of this special (House) committee have indicated that "an aggregate payroll tax of 8 to 10 per cent is necessary to pay benefits for which the Government is already obligated" and that "enlargement of the program, as envisioned by the Wagner-Murray-Dingell bill, would probably serve to increase tax requirements to not less than 12 per cent, and possibly to 14 or 15 per cent." The experts have even intimated that there may be needed substantial subsidies from the Treasury in addition to a 14 or 15 per cent tax.

In compulsory health insurance, too, cost looms as the number one consideration. Kenneth C. Crain, writing in *Hospital Management* for December, 1945, raises serious doubt that the cost can be controlled:

The fact is, of course, that nobody has any idea what the scheme will cost, especially with the characteristic spendthrift methods of the Federal Government in control. Estimates range from three or four billions to double those enormous amounts. There is in the nature of things no limit to the amount of this tax when the Social Security system as a whole, and this part of it, in particular, if authorized, begins to show the enormous deficits which may be confidently predicted.

Newspapers also have been paying increasing attention to cost. Arthur Sears Henning, in *The Chicago Tribune* for November 20, 1945, said of the health measure:

The measure is destined to meet with great opposition, particularly because of its enormous cost at a time when radical retrenchment of expenditures is required to avert inflation.

Asking the opinion of the people, the *Des Moines Register* conducted a poll in Iowa on the question of whether they favored enactment by Congress of a compulsory health plan. Here are the results:

Opposed	49 per cent
In favor	40 per cent
No opinion	11 per cent

The 40 per cent in favor were asked whether they would be willing to pay \$1 a week on every \$25 earned; 29 per cent answered yes, 10 per cent no. It appears that when cost is added to the menu, the meal looks less appetizing.

Research: Concern about the ultimate cost of social security has not been confined to comment and public opinion surveys. There is a growing interest in active research. Upon release of the President's health proposals, the New York Board of Trade stated that it plans to set up an impartial research bureau to study costs of present and proposed social security in the State of New York. Board of Trade members are said to feel that the approach to social security problems has been emotional and political and they are determined to discover what expansion of the system actually would cost individuals and industry. A realistic approach to the cost problem is certainly needed at this time. Congressional hearings on social security are to commence shortly, and it is highly desirable that cost and obligations under any compulsory program be made just as clear to the public as the benefits.

Surgeon General Parran Writes a Letter

Flames from the current controversy over compulsory health insurance rise ever higher. Surgeon General Parran of the United States Public Health Service added

fuel to these flames when, on December 10 last, he said in a letter to all officers of the Service:

The appropriate executive agencies of the government have been specifically instructed by the President to assist in carrying out his legislative program as presented to the Congress on September 6.

Every officer of the Public Health Service will wish to familiarize himself with the President's message and will be guided by its provisions when making any public statement likely to be interpreted as representing the official views of the Public Health Service.

Bouncing back from this body blow, the American Medical Association replied in its *Journal* for January 12:

Many of those addressed . . . are physicians in the private practice of medicine in the United States . . . If, however, men are to be directed in their thinking or muzzled in their speaking incident to their desire to be of service to the health of the nation, their rights as American citizens will have to prevail . . . It might have been better if General Parran had, in these final two paragraphs, said in shorter and clearer sentences exactly what he meant to convey.

Reaction to the Surgeon General's letter has not been limited to comment in medical journals. In Toledo, Ohio, Dr. Edward McCormick, a senior surgeon in the Public Health Service there, and 13 reserve officers under him resigned their commissions. Said McCormick: (*Chicago Tribune*, January 18)

We quit because we are American citizens and are sick and tired of being regimented by Presidential edict. Parran has indicated he is for socialized medicine and we are not going to be coerced by him or any other bureaucrat into supporting such measures.

Pitfalls in Compulsory Health Insurance

Experience With Socialized Medicine in Europe Shows It Has Led to Inferior Service and to Economic and Political Problems

Many European workers have found that the so-called advantages of compulsory health insurance are outweighed by very real disadvantages. For instance, if their doctor is not in the insurance practice, they have to forego the right to call him and have to accept treatment from another practitioner who is oftentimes so busy that he cannot give adequate service. The drawbacks also include a deterioration of medical care in many places, an ever-increasing cost of the system due in large part to malingering and the growth of many of the administrative societies into politically powerful organizations.

In every country there has been a constant increase in the sickness rate after the introduction of health insurance. In Germany it trebled from 1885 to 1930. In England the number of claims increased by almost 50 per cent in a six-year period from 1921 to 1927. In both countries doubtless some of the increase was due to malingering, but an appreciable part was caused by poor medical service.

For instance, in Germany Dr. Frederick Hoffman found that "treatment of serious afflictions is often grossly inadequate for purposes of a cure." Often the doctors were not to blame. On the one hand, the administrative authorities stood ready to debar them from insurance practice, in case they "over-doctored," that is, saw their patients too often, for in Germany doctors are paid on a fee-for-service basis. On the other hand, physicians were overworked. Many patients thronged to their offices just to get their money's worth. Indeed, one group of physicians estimated that two-thirds of their time was consumed by such demands.

Again, in England there has been much argument about the quality of medical care given the workers. Some of the proponents of the system have insisted that they got better attention than they did in preinsurance days.

Others disagree. Earnest Bevin has characterized the medical service given the industrial classes as "a tragedy of incompetence." J. G. Crownhart reported to the Wisconsin Medical Society that the English system had reduced many practitioners to the status of agents, making out prescriptions "too often for mere palliatives." He added that they operated something more like "a sickness licensing and registration system than a health service." Sir Kingsley Wood, quondam Minister of Health, confirmed Mr. Crownhart's diagnosis, when he said that the National Health Insurance System had made the English into "a nation of medicine drinkers." One authority says that the services have developed with patches of brilliance and patches of tragic incompetence.

Here, too, the doctors are not wholly responsible. Their waiting rooms are crowded. Many of them have to see anywhere from 30 to 60 patients a day. In the United States a busy doctor sees between 20 and 25 a day. Furthermore, the Ministry of Health got the druggists to make out a list of cheap drugs. The Insurance Committees which administer the medical benefits have tried to force the doctors to use the list instead of prescribing more expensive medicines. It is small wonder that under such circumstances in 1936 at least 600,000 workers failed to register so they could be eligible to see an insurance physician even though they had paid their health insurance taxes.

In addition to providing a certain amount of medical service, practically all the health insurance laws require that sick workers should be paid cash benefits which, at least partially, indemnify them for wages lost during sickness. In both England and in many continental countries these cash benefits have been administered by semi-private societies or funds. At the inauguration of the health insurance system these organizations were weak and, in England, in financial difficulties. Their history has been one of aggressive competition for power. In order to attract members they have continually liberalized the benefits they offered. For instance, many made cash payments which are considerably larger than those required by law and also gave "extra benefits," such as service at a dental clinic and care in sanatoria.

These generous benefits and the ever higher morbidity rates have resulted in a decided increase in the per capita costs. In Germany it was eight times as high in 1929 as it was in 1885. In England it doubled. This of course necessitated an increase in the contribution rate or a curtailment of benefits. Most countries have used both methods, but in Germany prior to 1929 the increase in the contribution rate was so large that labor unions were apprehensive lest workers would be unable to pay their union dues. Of course the worker's payment only increased from about 1 per cent of the wage to something over 4 per cent.

Taken alone, this increase would be rather unimportant, but the German worker has been required to pay other social security and additional taxes. Indeed, the total amount deducted often amounted to 30 per cent of the wage. That is why workers who were members of funds which paid a tax-free wage-loss benefit equal to three fourths of the wage found that it was more lucrative for them to be "sick" and claim the benefit than to work for full wages.

The same thing could happen in the United States. Actuaries estimate that the total annual cost of social security may vary between 12 and 18 billion dollars. In addition to that, the federal, state, and municipal govern-

ments must be supported. Statisticians have estimated that the annual cost to the Federal Government alone will be about 25 billion dollars. All these expenses add up to a sum equivalent to an appreciable part of America's largest prewar national income. Since the nation cannot continue indefinitely on a basis of deficit financing, someone must pay. The important question is, "Who will it be?" The source of all of our wealth is the productiveness of natural resources and the industrial system. At the hub of this stands the American worker. It is he who will ultimately pay, either directly or indirectly.

The third and most insidious danger is the political one. Investigating doctors found much evidence about the quality of medical care. The increasing cost of the systems is a matter of record, but the growth in the political importance of the administrative organization has gone almost unnoticed in most countries until a crisis. Such an emergency occurred in Germany in 1933. One of the first things the Nazis did after they took over the reins of the government was to seize control of the health insurance funds and to convert the offices into governmental agencies to aid in regimenting the people.

However, many workers suffer because of the unexpected financial drain incident to serious illness. How can this problem be solved? Through voluntary insurance. Under such a system, there would be no disruption of medical practice through lay interference. Doctors could deal more effectively with malingerers. The economic burden of such a system would bear less heavily on the workers, as arrangements for it could be made at a time when a rise in wages was feasible. Finally, such a method could not create a political Frankenstein which might enslave us all.

LOS ANGELES

(Continued from Page 198)

ever, little difference was noted at "El Pueblo de Los Angeles" where Mexican authority followed, when Spanish domination ended. It was really only a change in name.

The beginning of the American period cannot properly be traced to a single date or incident. The Treaty of Cahuenga, the signing of which took place at Cahuenga Pass, near Hollywood, between Andres Pico and John C. Fremont, January 13, 1847, ended hostilities in California and made clear the claims of the United States which were settled at Hidalgo, Mexico, the following year. The events leading to these treaties are of great importance in early Los Angeles history.

But this garrison of fifty soldiers left at Los Angeles was insufficient to insure what otherwise might have been a bloodless conquest of the region.

Then, from out of the desert, came a new figure of importance, General Stephen W. Kearny, marching with his victorious army from the Texan campaign. At the border he had been met by Kit Carson with news of earlier victories in California. Because of this good news, Kearny sent back to the "States" all but 121 of his men. Luckily, however, with the aid of reinforcements sent by Stockton, Kearny with his remaining force reached San Diego where plans were made to march on Los Angeles—the last Mexican stronghold in California.

Marching across the hot barren desert, his weary-worn soldiers little expected the surprise attack from the elated Angelinos at San Pasqual, where thirty-seven Americans were killed and wounded in a bloody battle.

A long tedious march to Los Angeles concluded the campaign; little resistance being made by the Californians. In January, 1847, Kearny entered the city after a skirmish at La Mesa, where hardly a shot was fired.

To physicians, General Kearny's expedition which started from Santa Fe, New Mexico, on September 25, 1846, is of special interest, since the Army Surgeon who was at the head of the medical department of General Kearny's "Army of the West" was John Strother Griffin, M.D., one of the founders of the Los Angeles County Medical Association, and its first president, through election on January 31, 1871.

Later in January, Fremont entered Los Angeles from the north after having signed the treaty of Cahuenga which brought the city under a new government, the United States of America.

During all of this period Los Angeles was a very small town, with unpaved streets and no means of communication other than the stagecoach and pony express rider. In 1860 the first telegraph line came to the city. In 1868 the first bank was opened. In 1869 San Pedro and the harbor-to-be, were connected to the city by rail.

It had taken Los Angeles ninety years to gain the 5,000 population it had in 1870. From this date growth was much more rapid. The first railway had caused the population to double by 1880. During the next ten years the population jumped 350 per cent so that, by 1890, there were 50,000 in Los Angeles; many of them had taken advantage of the railway rate wars which made it possible for immigrants to come from the Middle West to Los Angeles for fares as low as one dollar. By 1900 the population had again doubled to more than 100,000.

A census estimate of January, 1946, credited Los Angeles County with 2,785,643 in 1940 and 3,584,000 in January, 1946, (CALIFORNIA AND WESTERN MEDICINE, February, 1946, p. 111).

The first influx of Easterners to the local area was supported solely by booms in real estate, but as rail rates returned to normal, the tide of inflowing population ebbed and banks became stricter in their loaning policies. The tourist trade dropped off and a general depression set in. This was in 1888, the same year in which the Los Angeles Chamber of Commerce was founded. At this time the residents began to realize that they must produce if their progress was to continue.

In 1885 California citrus fruit won over Florida fruit for the first time at the International Exposition at New Orleans.

With increased agricultural production, trade was begun. Domestic trade had been carried on spasmodically for a considerable time, but it was not until 1899, when the first actual work began on a deep-water harbor, that the city undertook an extensive foreign trade program.

During 1899 and 1900 a boom in oil began and carried on to such an extent that today the production of crude oil and its refining is the leading industry. Los Angeles' second industry—motion pictures—got its start in 1910 when the Nester Film Company came to Hollywood.

Industrially, Los Angeles has grown until, by 1938, it became the fifth among United States counties. In more recent years this area has come to produce more airplanes than any other section of the United States. It is a leader in automobile and accessory production, in tires, furniture, wearing apparel, printing and publishing, and meat packing.

Los Angeles has an approximate population of 1,350,000. The city's area is 450.74 square miles, one of the largest cities in area in the world—the largest in the United States. Culturally, Los Angeles is growing as rapidly as it is industrially. Science, art, music and literature are encouraged.

Phi Rho Sigma Luncheon

Clark Hotel, 426 South Hill Street, Michigan 4121, Wednesday, May 8, 1946. For information, address J. M. de los Reyes, 424 California Medical Building, 1401 South Hope Street (Telephone PRospect 8146).

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings†

California Medical Association. Session will convene in Los Angeles. Headquarters, Hotel Biltmore, 5th and Olive Sts. Dates of meetings: Tuesday, May 7-Friday, May 10, 1946.

American Medical Association. The next annual session of the American Medical Association will be held in San Francisco, July 1-5, 1946. (Monday-Friday, inclusive.)

The Platform of the American Medical Association

The American Medical Association advocates:

1. The establishment of an agency of Federal Government under which shall be coordinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.
2. The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick or proof of such need.
3. The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.
4. The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.
5. The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.
6. In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.
7. The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical service and to increase their availability.
8. Expansion of public health and medical services consistent with the American system of democracy.

(Ed. Note.—Interpretative comments on principles included in the A.M.A. platform appear in *CALIFORNIA AND WESTERN MEDICINE* for December, 1939, on pages 394-395. For subsequent comment, see *J.A.M.A.*, June 24, 1944, pp. 574-576. Also, August, 1945, *CALIFORNIA AND WESTERN MEDICINE*, pp. 61-62.) On p. 61 (*C.M.A.*) and p. 62 (*A.M.A.*)

Medical Broadcasts*

The Los Angeles County Medical Association:

In April KFAC will present broadcasts on Saturdays at 10:15 a.m.; April 6, 13, 20, and 27.

The Saturday broadcasts of KFI are given at 9:45 a.m., under this title, "The Road to Health."

"Doctors at War":

For radio broadcasts of "Doctors at War" by the American Medical Association, see *J.A.M.A.*

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week. In *CALIFORNIA AND WESTERN MEDICINE*, some rosters appear in every second or third issue.

* County societies giving medical broadcasts are requested to send information as soon as arranged.

Pharmacological Items of Potential Interest to Clinicians*

1. *Symposia and Reviews:* M. Shimkin opens important symposium on breast cancer with full review of experimental induction (*Surgery*, 19:1-154, 1946). Note helpful symposium on sciatica, low back pain, and intervertebral disk disease by N. Little & Co. (*Med. J. Austral.*, 1:33-52, Jan. 12, 1946). E. H. Reinhard & Co. offer comprehensive review of radioactive phosphorus as therapeutic agent (*J. Lab. Clin. Med.*, 31:107, 1946). W. Sheldon well reviews tuberculous rheumatism and H. S. Barber discusses difficulties in diagnosing rheumatic fever (*Lancet*, 119, 122, Jan. 26, 1946). Note E. W. Dempsey and G. B. Wislocki's survey of histochemistry, D. E. Gregg on coronary circulation, J. Furth on leukemia, G. H. Bishop on cutaneous sense mechanisms, A. C. Frazer on absorption of fat, J. M. Buchanan and A. B. Hastings on metabolism studies with isotope carbon, and A. P. Heusner on yawning (*Physiol. Rev.*, 26:1, 28, 47, 77, 103, 120, 156, 1946). Watch for accumulated exuberance from March meetings Federation of American Societies for Experimental Biology (*Fed. Proc.*, 5:1, 1946). F. W. Bancroft and C. Pilcher edit *Surgical Treatment of the Nervous System* (Lippincott, Phila., 534 pp., 1946, \$18). J. F. Fulton edits 15th ed. *Howell's Textbook of Physiology* and it's up to the minute (Saunders, Phila., 1946, 1304 pp., \$8). F. Hawking and F. H. K. Green edit *The Medical Use of Sulphonamides* (Med. Res. Council War Memo. 10, 2nd ed, London, 1946, 71 pp., 1s 3d). B. Blanshard, C. J. Ducasse, C. W. Hendel, W. E. Murphy, and M. C. Otto survey *Philosophy in American Education* rather sourly (Harper, N. Y., 1946, 306 pp., \$3). And there is still more on ethicogenesis (*Sci. Month.*, 62:185, 1946).

2. *Philosophical:* Have you seen W. A. Sinclair's little but stimulating *Introduction to Philosophy* (Oxford Press, N. Y., 151 p., \$1.50)? L. Mumford's *The Condition of Man* is tough, tense and turgid (Harcourt Brace, N. Y., 467 p., \$5). K. Burke's *Grammar of Motives* is semantic introduction to trilogy on human relations (Prentice-Hall, N. Y., 530 pp., \$5). M. R. Cohen essays keenly *The Faith of a Liberal* (Holt, N. Y., 497 pp., \$3.75). A. E. Cohn's *Minerva's Progress* emphasizes importance of dissent in tradition (Harcourt Brace, N. Y., 101 pp., \$2). A. E. Clark-Kennedy discusses *Art of Medicine in Relation to Progress of Thought* (Cambridge Press, 2s, 1946).

3. *Physiological:* B. H. Crawford discusses photochemical principles in explanation of recovery phenomena in visual sensitivity (*Proc. Roy. Soc.*, B:133:63, 1946). A. Szent-Gyorgi discusses contraction in relation to chemical structure of muscle fibril (*J. Colloid Chem.*, 1:1, 1946). T. H. Bullock & Co. report on reversible effects of inhibitors of choline esterase on nerve action potentials (*J. Neurophysiol.*, 9:9, 1946). Our E. Ogden pleasantly teleologizes on respiratory flow in the dogfish (*Am. J. Physiol.*, 145:134, 1945). Our H. J. Ralston, W. O. Collings, A. N. Taylor and E. Ogden find tissue

* These items submitted by Dr. Chauncey D. Leake, formerly director of the University of California Pharmacologic Laboratory, now dean of the University of Texas Medical School, Galveston, Texas.

elasticity helps return venous blood in absence of cardiac drive (*Am. J. Physiol.*, 145:441, 1946).

4. **Pharmacological:** F. W. Schueler offers neat biochemorphic theory for sex hormonal action (*Science*, 103:220, Feb. 22, 1946). E. R. Loew & Co. find powerful anti-histamine action in triazine ethers (*J. Pharmacol. Exp. Therap.*, 86:7, 1946). N. K. Schaffer and T. A. Loomis report on pyrrolidine dicarboxylic acid local anesthetics (*Yale J. Biol. Med.*, 18:157, 171, 1946). C. H. Andrews & Co. describe anti-rickettsial action of p-sulfonamido-benzamidine in stimulating discussion of experimental chemotherapy of typhus (*Proc. Roy. Soc., B*: 133: 20, 62, 1946). R. C. Gill clarifies ideas on development of curare (*Anesth.*, 7:14, 1946). Watch for modified amino heptanes as vasopressors: Lilly has 2-amino heptane, now comes Bilhuber with 2-methylamino heptane (*Ibid.*, p. 62). K. Meier recommends sulfadimethylpyrimidin as best sulfa for children because of least effect on kidney (*Schweiz. Med. Woch.*, 75:1097, Dec. 15, 1945).

5. **Odds and Ends:** F. C. Courtice recommends local cooling to reduce fluid loss in thermal burns (*J. Physiol.*, 104:321, 1946). T. Teorell proposes quantitative theory for antigen-antibody reactions (*J. Hyg.*, 44:227, 237, 1946). G. E. Burch discusses water and heat loss from lungs in tropics (*Arch. Int. Med.*, 76:308, 315, 1945). G. Duboff & Co. demonstrate enzyme inhibitor in serum from cancer patients (*Cancer Res.*, 6:57, 1946). G. H. Twombly and D. Meisel fail to confirm A. Taylor & Co.'s idea (*Science*, 97:123, 1943) of a filterable cancer virus (*Ibid.*, p. 82).

"A" Bomb Health Man Returns to U. C.—Dr. Robert S. Stone, professor of radiology in the University of California Medical School, has returned to his position after nearly three years at the University of Chicago, where he was in charge of the health aspects of that institution's atomic bomb project.

Dr. Stone has done much work on the effects of artificial radioactivity on human and animal tissue, and led the Medical School's research prior to the war in biological research connected with the cyclotron.

Dr. Stone was recently appointed to the National Advisory Cancer Council. He is still a consultant to the Manhattan Project, the Army organization which administered the atomic bomb research.

Grant From Baruch Committee on Physical Medicine to U. S. C.—The University of Southern California has received a grant of \$30,000 from the Baruch Committee on Physical Medicine. It is one of 11 schools sharing in the original grant of \$1,100,000 made by Bernard M. Baruch in 1944 to the Baruch Committee on Physical Medicine. The purpose of these grants is to advance and encourage research, teaching, and training in the field of physical medicine, and to bring the benefits of this branch of medicine to the rehabilitation of persons maimed in war, industry, or by illness.

Under the direction of Dr. Irving Rehman at the University of Southern California, research planned or in progress includes: The evaluation of compensatory action of muscles or muscle groups; the use of soft tissue x-rays and metal pin implants to study muscle movement; the determination of electrical potentials in muscle contractions; the interruption of neuromuscular pathways by pressure, nerve section and chemicals; the effect of internal environment on regeneration of neuromuscular pathways and return of function.

Alum Rock Sanatorium Receives \$5,000 for Medical Research.—It was announced by Dr. Harold

Guyon Trimble, Chairman of the Board of Trustees of Alum Rock Sanatorium of San Jose, that a gift of \$5,000 was received for medical research.

Alum Rock Sanatorium, San Jose, California, is a non-profit institution for the treatment of diseases of the chest.

This gift will establish the Philip H. Pierson Memorial Medical Research Fund as a dedication to his unselfish devotion and scientific attainments in the field of medicine, particularly diseases of the chest. Dr. Pierson, Clinical Professor of Medicine at Stanford University Medical School and consultant at Alum Rock Sanatorium, died unexpectedly on January 17, 1946.

U. S. Public Health Service Announces Openings.

—Appointments to fill vacancies in the Reserve Corps of the U. S. Public Health Service are now being made, and examinations for Regular Corps appointments will be held in April and May. Physicians, dentists, and nurses are needed immediately for duty in hospitals, in the Tuberculosis and Venereal Disease Control Programs, and in other activities of the Public Health Service.

Persons interested in immediate appointment in the Reserve Corps or in taking the examination for the Regular Corps, should request application forms of the Surgeon General, U. S. Public Health Service, Federal Security Agency, Washington, D. C.; or of the Medical Director, U. S. P. H. S. District No. 5, 630 Sansome Street, San Francisco.

Oral examinations for Regular Corps appointments for medical officers will be held April 9th in Los Angeles; April 10th, 11th in San Francisco. Written examinations will be held May 14th, 15th, and 16th.

Rôle of Pharmacy in a National Health Insurance Plan.

—Pharmacists should begin to determine what will be the rôle of pharmacy in event the President's national health insurance program is adopted or the alternative plan of the American Medical Association, it is advised by the District of Columbia Pharmaceutical Association.

"Maybe we don't know what we want," the association publication declares, "but at least we should begin to undertake to determine what is to be the place pharmacy will occupy in each program and prepare ourselves to fit the niche carved out for us."

Borden Award Given U. C. Medical Student.—Dr. Robert Oliver Scow, *Avenal*, has been presented the annual Borden undergraduate research award of \$500 by unanimous choice of the research committee of the University of California Medical School.

The award, financed by the Borden Foundation, is made annually to a graduating senior for research which is deemed most meritorious. Dr. Scow has led or participated in research which has resulted in the publication of 10 scientific papers. The research committee commended Scow for marked ingenuity in research.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Program for School Health Institutes

The program is announced for the School Health Institutes to be held in March and April under the joint sponsorship of the California State Department of Public Health and Education. Following is the schedule of meetings:

Oakland, March 18, 19, 20, Board of Education Auditorium, East 10th St. and 2nd Ave.

Sacramento, March 21, 22, 23, City Council Chambers, City Hall.

Fresno, March 25, 26, 27, Fresno State College.

Santa Barbara, March 28, 29, 30, Recreation Center, 914 Santa Barbara Street.

San Diego, April 1, 2, 3, County Schools Service Building, 1253 University Ave.

San Bernardino, April 4, 5, 6, Calvary Baptist Church, 19th and E Streets.

Program participants will include the following: Dorothy B. Nyswander, Ph.D., Health Education Specialist, Inter-American Educational Foundation, Inc.; Alberta Wilson, P. H. N. Assistant Director, National Organization for Public Health Nursing; Dr. L. C. N. Wayland, Director of Health, Santa Barbara City Schools; Dr. G. G. Wetherill, Director of Health Education, San Diego City Schools; Dr. Jessie M. Bierman, Chief, Bureau of Maternal and Child Health, State Department of Public Health; Verne S. Landreth, Chief, Division of Recreation, State Department of Education; Dr. Dorothy Lottridge, Maternal and Child Health Officer, State Department of Public Health; Bernice Moss, Consultant in School Health Education, State Department of Public Health; Cecyl Nelson, Supervisor, Community Health Education Project, State Department of Education; W. H. Orion, Chief, Division of Physical and Health Education, State Department of Education.

Bills for Better Care for Children and Aged

Examiner Bureau, Sacramento, March 8.—Governor Warren today signed two legislative bills intended to assure maintenance of adequate standards in California homes for children and aged persons.

The measures permit the State department of social welfare to contract with city or county governments for inspection of licensed homes in cases where the local service meets State department standards. The State will pay the local government \$3 per license per month for performing the service. The bills appropriate a total of \$441,000 for this purpose.

The Governor signed another bill increasing from 1½ to 2½ mills the permissible tax rate which counties with less than \$50,000,000 assessed valuation may levy to raise money for veterans' memorial halls.—San Francisco Examiner, March 9.

Penicillin Lozenges for Trench Mouth

New York, March 6.—(AP.)—The United States Naval Medical Bulletin announces a new use of penicillin, to cure trench mouth, and to cure it quickly. In 400 cases tried there has not been one failure.

The penicillin is given like candy, in lozenges, which are allowed to dissolve in the mouth. The trench mouth victim keeps a lozenge, one after another, in his mouth all day and takes one if he wakes up at night.—San Francisco Examiner, March 7.

California 1945 Per Capita Income Less Than 1944

Sacramento, Feb. 24.—(UP.)—California's civilian per capita income of \$1,415 for 1945 remained well above the national average but below the 1944 State figure, the California State Chamber of Commerce announced today.

The total civilian income for State residents was \$11,492,100,000. The national per capita figure was listed by the chamber as \$1,117.

While California's 1945 per capita income was below the \$1,540 figure for 1944, it remained well above the 1939 income of \$737.—Los Angeles Times, February 25.

Geriatrics

Official Journal of the American Geriatrics Society
A Modern Medicine Publication

A new medical journal *Geriatrics* recently appeared. It has taken the name coined in 1903 by Dr. Leo Nascher, who wrote a text book entitled *Physiological Changes in Old Age*. *Geriatrics* derives from two Greek words: *geras*, meaning old age, and *iatrikos*, relating to the physician. There are few doctors who are exclusively Geriatricians but every general practitioner is called upon more and more to practice Geriatrics, for there is an ever increasing number of old people.

This is literally the age of Age. More than 26,000,000 persons in the United States, or 20 per cent of our population, are 45 years of age and over. Admittedly this greater span of human life in recent decades is attributable to progress in child care. Now the trend is developing toward giving the older person the same sedulous medical care which the younger person has had.

The first State Board of Health to develop a Division of Geratology is that of Indiana. Its express purpose, so

the board states, is a study of the factors affecting advancing age and the application of knowledge now available concerning the diseases and disabilities of age, not only that the years of life may be increased in number but also that increased happiness and usefulness may be added to these years.—Press Release.

Manuscripts Invited for Norton Medical Award

The book publishing firm of W. W. Norton & Company announce that they are again inviting manuscripts for submission to be considered for the Norton Medical Award of \$3,500 offered to encourage the writing of books on medicine and the medical profession for the layman. The first such award was made to *The Doctor's Job*, Dr. Carl Binger's book, published last spring, which gave the doctor's point of view on his work. Announcement will be made shortly of the winning book for 1946. Closing date for submission of manuscripts this year is November 1, 1946. All particulars relating to requirements and terms may be had by addressing W. W. Norton & Company, Inc., 70 Fifth Avenue, New York 11, N. Y.—Press Release.

MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.

San Francisco

Privileged Communications Between Physician and Patient in California

The relationship which springs into existence when a patient consults a physician for treatment often gives rise to a large number of perplexing legal and ethical questions. This article will not concern itself with any of the ethical aspects pertaining to the keeping inviolate of information coming into the hands of a physician from a patient, but will confine itself to the legal aspects thereof. One of the most important of legal problems which may confront a physician in his relations with a patient are the rights, obligations and duties of the physician in connection with the disclosures and communications which a patient will make to him.

In an effort to cover the field of the so-called physician-patient privileged communications rule, this discussion will treat not only with civil matters but also will concern itself with criminal actions, criminal investigations and other proceedings, including autopsies, wherein the contention is made by a patient that communications which the patient made to the physician were of a confidential nature and therefore the physician was precluded from divulging them. Hence this article will be divided into: first, civil actions wherein the physician-patient privilege communications rule is invoked; and, second, criminal actions wherein the rule is invoked. In turn, the second division will be subdivided into, first, criminal actions proper; and second, criminal investigations.

I. Privileged Communications Between Physician and Patient in Civil Actions

At common law a physician, when called upon to testify as a witness, had no right to decline or refuse to disclose any information, on the ground that it had been communicated to him confidentially in the course of his treatment of a patient in a professional capacity. No such privilege extended to communications between a physician and patient as that which protected the confidences between an attorney and his client. Thus, in the English case of *Rex vs. Gibbons*, decided in 1823, a physician was called as a witness in an action involving an

† Editor's Note.—The department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

illegitimate child. The physician refused to testify, basing his refusal on the reason that his knowledge had been obtained in confidence while treating the defendant in his professional capacity as a surgeon. The high court of England held that this was not a sufficient reason to prevent a disclosure for purposes of justice.

Statutes have now been enacted in approximately one-half of the states changing the common law rule and making communications between a physician and patient privileged, under certain circumstances, from compulsory disclosure. The purpose and theory behind such statutes is that the privilege is necessary to protect a person in need of medical aid against the disclosure and consequent publicity of his bodily ailments; to safeguard him against the humiliation and annoyance which would often follow the disclosure of those matters which are revealed to physicians only to enable them to exercise the humanitarian capabilities of their profession. It is stated in the early California case of *McRae vs. Erickson* (1905), 1 Cal. App. 326, that the reason for the privilege is to lend a sense of security and confidence to the relationship so that a patient will not be reticent about making disclosures which may be material to his physical welfare. The California statute pertaining to this privilege is set forth in Subdivision 4, Section 1881 of the *California Code of Civil Procedure* and is as follows:

"There are particular relations in which it is the policy of the law to encourage confidence and to preserve it inviolate; therefore, a person cannot be examined as a witness in the following cases:

A licensed physician or surgeon cannot, without the consent of his patient, be examined in a civil action as to any information acquired in attending the patient, which was necessary to enable him to prescribe or act for the patient; . . ."

So it can be seen that, in general, California law requires that there be a confidential relationship between a physician and his patient and that unless the facts come within one of the exceptions to this general rule, a physician cannot be compelled to disclose any information acquired by him in prescribing or acting for the patient.

Privilege is that of the Patient.—Under the California law the privilege is entirely that of the patient for it is clearly expressed in the statute and is supported by a multitude of cases that a physician or a surgeon cannot be examined "without the consent of the patient." Thus the physician is immediately confronted with the question of what constitutes consent on the part of the patient, to a disclosure of information which he has made to his physician. Shedding some light on this question, the California courts have held that the consent of the patient can be either express or implied and that once the privilege has been waived, such waiver is final and cannot be recalled. The basis for such ruling being that the object of a statute granting the privilege to a patient is not absolutely to disqualify a physician or make him an incompetent witness, but to enable the patient to secure medical aid without betrayal of confidence. Since the privilege is therefore for the patient's protection, he may waive it if he sees fit and this he may do either by express or implied consent or by calling the physician to testify as to the communication made.

What constitutes waiver by a patient? Since it is possible for the patient to waive this privilege which the rule affords him, it becomes important to determine just what acts by a patient will be sufficient to constitute such a waiver and thereafter make it permissible for a physician to freely disclose all information which he acquired from the patient. A waiver by the patient will be effected if third persons unnecessary and unessential to the treatment are present while the physician is prescribing

ing for or treating the patient. For example, in *Horowitz vs. Sacks*, 89 Cal. App. 336, it was held that where a husband, brother and mother of the patient were all present at the time of the examination, the communications made were not confidential. In *Kramer vs. Policy Holders Life Insurance* (1935) 5 C.A. (2nd) 380, the court held that the presence of a nurse or of a nurse-stenographer during the physical examination did not operate as a waiver of the privilege by the patient because "the communications were made in the presence of a necessary third party who was acting as the agent of the doctor under his direction and supervision and under such circumstances that the patient had every right to conclude that the presence of such third party was necessary."

The patient may contract to waive his privilege but such a contract will be construed in favor of the patient. Thus in *Turner vs. Redwood Mutual Life Ass'n.* (1936) 13 C.A. (2nd) 573, where an action was brought against a mutual life association to recover on a policy of life insurance where the application for insurance, after describing certain past ailments and giving the names of the two physicians, contained the following authorization. "I hereby authorize any doctor at any time to give to said association any information he or she may have regarding me." It was held by the California Appellate Court that this agreement did not constitute a waiver of the patient's privilege as to the testimony of physicians treating the patient after the date of the policy.

In spite of decisions in this and other states holding that in a number of situations the physician-patient privilege has been waived by the patient, the only safe course for a physician to follow is to insist that the patient give an express consent in writing before any knowledge or information acquired by the physician is disclosed.

(To be continued)

MEDICAL EPONYM

Schilder's Disease

This eponym refers to a form of encephalitis first described by Dr. Paul Schilder (b. 1886), while a teaching assistant of the Royal Psychiatric Clinic in Leipzig, in a paper entitled "Zur Kenntnis der sogenannten diffusen Sklerose: Über Encephalitis periaxialis diffusa [Contribution to the Study of So-called Diffuse Sclerosis: Encephalitis periaxialis diffusa]," which was published in the *Zeitschrift für die gesamte Neurologie und Psychiatrie* (10:1-60, 1912). A portion of the translation follows:

"There is a diffuse affection of the white substance of the hemispheres in children that we are justified in regarding as a disease entity on the basis of characteristic macroscopic and microscopic findings in the brain. I propose for it the designation "encephalitis periaxialis diffusa."

"The clinical picture of this disease is extremely variable. It follows a course which sometimes resembles that of brain tumor, sometimes simulates multiple sclerosis, or again resembles Heubner's diffuse sclerosis. We may suspect the existence of this disease if symptoms point compellingly to a widespread lesion involving both hemispheres. Attacks with the symptomatology of multiple sclerosis running a rapid course in youthful patients will likewise bring our disease to mind. The disease is a fatal one, with little tendency to remissions."—R. W. B. in *New England Journal of Medicine*.

"Tis our true policy to steer clear of permanent alliances, with any portion of the foreign world.

—Washington, *Farwell Address*, 17 September, 1796.

All that a man hath will he give for his life.

—Old Testament: *Job*, II. 4.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIX, No. 4, April, 1921

EXCERPTS FROM EDITORIAL NOTES

A New Secretary.—The office of Secretary of the Medical Society of the State of California [California Medical Association] is one of considerable importance, for, while the secretary is not the dictator of the policies of that organization, he is to a great extent guardian of its character and director of its destinies. The Council, of course, is the great executive center, and the House of Delegates is its legislative body.

The re-organization of the State Medical Society under the initiative of the late Dr. Philip Mills Jones marked an epoch in its life, and the work of Dr. Jones was of paramount importance. He was a man of striking qualities and to him we can look as the patron saint of our Society. . . .

At his death Dr. Saxton Pope was elected secretary and during his term of office the State Society has prospered. Its finances have been put on a firm basis, its membership increased, and the work of Dr. Jones, as outlined by him, has been carried forward. The Indemnity Defense Fund, which was one of his later developments, has assumed very healthy proportions; medico-legal defense has been conducted with unflinching success; the *STATE JOURNAL* is the best in America. . . .

All Aboard for San Diego.—Why not give yourself and your family a treat next month and go to San Diego May 10, 11 and 12, 1921 for the State Meeting? . . .

Incidentally, remember once more that you are the owner and manager of the California State Medical Society. It does what you permit it to do. If its tricks are not to your taste, just step in and have them changed. It will do what you tell it to do. A live medical profession is a blessing to the entire community. Make yours a blessing. It will give back to you all you give to it and more. Come to San Diego. Remember you are a member, recall that you can give something worthwhile by your presence; be assured you will get rich repayment; do not forget the extra curriculum activities. Come.

Radiology is a Medical Specialty.—Medical radiology today embraces a vastly wider field than the delineation of a fractured bone. It is well for the average doctor to realize that successful diagnosis now demands a nearly constant employment of the x-ray. Probably no field of medical or surgical work has been exempt from the diagnostic or the therapeutic advantages of radiology. Certainly no physician can pretend to practice in general or in a specialty in this age without constant reference to data secured by the x-ray and its frequent use in treatment. . . .

The possession of a stethoscope and a hypodermic does not make a doctor. Neither does the possession of an x-ray plant make a radiologist. You should consider this matter with the closest scrutiny and decide whether you

(Continued in Back Advertising Section, on Page 42)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

Historical reminiscences, papers and other archives will be welcomed by the C.M.A. Committee on History, to whom such should be sent. Address same to the Committee's Secretary, Dr. George H. Kress, Room 2004, 450 Sutter, San Francisco 8.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By F. N. SCATENA, M. D.

Secretary-Treasurer

Board Proceedings

The Board of Medical Examiners met in Los Angeles on March 9th and 10th, at which time oral examinations were given. There were about 100 applicants who had been certified for this examination. Written examinations and hearings were conducted by the Board at the meeting in Los Angeles on March 11th to 14th. About 225 applicants had signified their intention to appear for the written examination.

The majority of applications for reciprocity being received at the present time are from medical officers in one of the branches of our armed forces, or from those who have been recently discharged. These applicants are from practically every state in the United States.

The hearings now being held before the Board come under the provisions of the Administrative Procedure Act, which was added to the Government Code under Chapter 867 of the Statutes of 1945. Under this new procedure, the State is divided into three districts and hearings can only be heard in the district in which the transaction or violation occurs, or in the district in which the resident resides.

News

"Doctor Indicted In Abortion—Oroville—Dr. Walter C. Hoyt, 64, was indicted by the County Grand Jury on charges of abortion. The district attorney's office said that his arraignment will probably take place in Superior Court February 25. . . . In the absence of Judge Harry Dierup, Superior Judge Warren Steel of Yuba County, presided at the trial. . . . District Attorney McPherson said the case of John Vigna, 68, charged with assault with a deadly weapon, will be reviewed at a later date." (*Sacramento Union*, February 17, 1946.)

"Anderson Quits Medical Board Job—Resignation of Walter N. Anderson, chief special agent for the State Board of Medical Examiners, to enter private law practice was announced yesterday. . . . Anderson's post will be taken by Maynard C. Youngs, who has been associated with the State several years." (*Los Angeles, Calif. Examiner*, February 12, 1946.)

"Medical Veterans Form Association—Beginning what they hope will become a national organization, 400 doctors last night met at the Los Angeles County Medical Building and formed the Medical Veterans' Association with Dr. William Leake of Beverly Hills as president. . . . Aims of the organization are to assist medical men in finding houses and offices, assuring more medical care for veterans and using their war-gained knowledge to advance medical practice. . . . Others elected were Drs. Wells Cook, vice-president; Frederick Bennetts, secretary, and William Delphia, treasurer." (*Los Angeles, Calif. Times*, January 8, 1946.)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News items are submitted by the Secretary of the Board.